A CRITICAL STUDY OF SELECTED CHANGES IN PROTESTANT THEOLOGICAL STUDENTS WITH CLINICAL PASTORAL EDUCATION

by

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CHAPTER I

BACKGROUND OF THE PROBLEM

> To venture causes anxiety,
> but not to venture is to lose oneself.
> --Soren Kierkegaard

Introduction

Today the human factor is being radically reconsidered in almost all disciplines. A theory and practice which is ever mindful of the uniqueness and never fully understandable nature of man is being looked upon as the needed link between theology, the humanities, and science (35). Clinical pastoral education is one of the growing edges within religion which seeks just this kind of theory and practice in the understanding of man. From a small trickle in the 1920's, it has turned into one of the mainstreams for the preparation of contemporary religious leaders.

In July, 1956, the National Institute of Mental Health approved a grant to Harvard, Loyola, and Yeshiva Universities to evolve a curriculum and teaching methodology in mental health education for the clergy (29, 35, 36). A 1954 report of the New York Academy of Sciences stated, "The health of the whole person requires the services of an adequately trained as well as deeply consecrated clergy" (16)--the problem cannot be dealt with by theories alone. Moreover, at a recent meeting of seminary professors in the practical field this remark was made, ". . . now was the time for many professors in seminaries to take some training in the clinical field themselves" (16). Thus the three major faiths, other disciplines, and seminary professors as well have an interest in the "human factor."

This chapter will review theological education today as one of the major disciplines which is concerned about the "human factor." Also an historical sketch will be made of clinical pastoral education as one phase of theological education which has been most intensively, clinically, and dynamically concerned about the whole man.

Theological Education Today

The interest of religion in the "human factor" has been long and varied. Strangely enough, however, in the preparation of its religious leaders, this same interest has not always been followed through nor even fully appreciated (3). Definite signs have been occurring recently that theological education is not unmindful of its own limitations in this area.

In the recent study by H. Richard Niebuhr and associates regarding the Advancement of Theological Education the key problem was considered to be:

> . . . how to help students to become self-educating men who will continue to prepare themselves throughout their lives to meet the changing problems of their ministry, to carry on their theological inquiries and criticisms continuously and progressively in the midst of changing religious and cultural climates of opinion. (56:219)

The methods by which such a goal is to be achieved are varied and complex. Apparently Niebuhr, himself, leans toward more intellectual means since in an earlier report, The Purpose of the Church and Its Ministry, the theological school is defined as the "intellectual center of the Church's life" (57:107). Walter G. Muelder of the Boston University School of Theology in commenting on this book, states that the emerging concept of ministers as "pastor-directors" is in conflict with emphasizing the intellectual nature of theological education (16). Perhaps the key might be to broaden "intellectual" to include affective as well as cognitive sides of personality. Whatever the ultimate resolution of such tension in theological education, the fact remains that clinical pastoral education is on the scene and is to be taken into account in seminary education and its curriculum. As put by the Niebuhr study:

> When one considers the revitalization of much in the theological curriculum today through new emphases in psychology and pastoral counseling, it must be concluded that a significant new turn in the education of the ministry has been taken. Powerful new resources are available throughout

> the curriculum because of work in this field. It is of first importance, therefore, that the field of pastoral care be accepted as the responsibility of the entire school and not isolated as a subordinate department concerned with practical skills alone. (57:128)

If the "significant new turn" is in fact to become the responsibility of the entire school, it will then have to become an integral part of the seminary curriculum, albeit with considerable tension. Thus another look at the seminary curriculum may be in order.

As conceived by the Niebuhr study, there are three minimums for the theological student:

1. A general acquaintance with the main areas of human thought.
2. A discovery of that angle of approach to Christian truth which is vital for him.
3. Formulation of his conception of the normative elements in Christian faith so that he has a principle of judgment which he brings to thought and action. (56:88)

Earlier in the book, Advancement of Theological Education, various trends in theological education were observed. In 1934, a study by May states that four important changes had taken place in the previous generation's theological curriculum: (1) Subject matter had been greatly enlarged, partly by the subdivision of traditional studies, partly by the introduction of new courses;

(2) the elective system had been generally adopted; (3) provision was being made for a differentiated ministry; (4) changes in educational theory had emphasized the importance of "learning by doing" and so led to the development of field work programs (56:20). For the 1950's Niebuhr observed these trends: (1) The tendency to re-establish or maintain, to integrate and to relate to contemporary life the traditionally basic theological studies; (2) the trend toward the introduction of non-theological disciplines which seem necessary both for the interpretation of theology and as background for the practical disciplines; (3) the response of the seminaries to changes in emphasis in pastoral work by the introduction of new disciplines in practical theology; (4) an accelerated movement toward the increase of "learning by doing" and of the participation of the schools in the work of the churches; (5) the tendency consequent on the previous movements to develop prescribed curricula consisting of many introductory courses (56:21). The above discussion regarding the theological curriculum was made for the express purpose of laying the groundwork where some aspects of clinical pastoral education might best tie in. One other consideration of this topic will be made before proceeding to the history of clinical pastoral education.

In 1953, Robert Tapp did a study about the place of non-Christian religions in seminary education which was a critical survey and had a suggested curriculum. After the critical survey of curriculum goals, a threefold curriculum was suggested: (1) knowledge of the tradition --"Western, Christian, liberal and democratic"; (2) understanding of the contemporary world in which the church functions--a multi-traditioned world; (3) development of skills to communicate this knowledge and understanding (71:247).

With today's rising concern about the "human factor," possibly a fourth dimension might be considered along with the above three: development of self-actualizing (self-educating) persons with growth motivation through the resources of the church under God as a learning community.

It appears to this writer that the growing edge of clinical pastoral education is already playing an increasingly important role in achieving the primary objectives of seminary education. It appears that there is the emergence of what Donald Rhoades has called ". . . the tentative beginnings of a critique of religious ideology" (20:230).

It is beyond the scope of this study to evaluate theological education or the seminary curriculum. It is believed proper, however, to state some of the writer's views on the larger context of clinical pastoral education. The above fourth dimension of seminary curriculum will be discussed in the following section under: "Clinical Pastoral Education and the Seminary Curriculum."

An Historical Sketch of Clinical Pastoral Education

Forerunners: Concern for the individual has always been an important concern of Christianity, if not the single most distinctive idea. A survey by Mavis of pre-Christian literature indicated that "the pastoral idea of religious ministrations was not prevalent in the Mediterranean world before the origin of the Christian Church" (54:304).

The work by John McNeil (55) takes the broader view that each age and culture have had their own "pastors" for the "cure of souls." After considering the "Guides of Israel," "Philosophers as Physicians of the Soul," "Spiritual Direction in Hinduism, Buddhism, Confucianism, and Islam," McNeil traces the guidance of souls through the history of the Christian church. In concluding, he felt that the modern pastor is obligated to become conversant with contemporary psychology in order to continue to fulfill his historic pastoral role. He said:

> Certainly the religious Seelsorger has much to learn from empirical psychology. It has revealed the vast reservoir of the unconscious mind of which the religious soul-healer of the past had little idea.

Understanding of contemporary psychology entered the modern church through the study of the psychology of religion.

Hiltner (34) noted that there were at least six streams to influence the contemporary understanding of religion and psychodynamics. He considered such sources as: the pioneers, like William James; the imitators of pioneers; the philosophical stream; the normative stream; the natural science stream; and the therapeutic or dynamic stream.

Kemp (43) also covered some of the same ground as above through the "new psychology" and "allied movements." He noted that Henry Drummond read a paper in 1873, entitled "Spiritual Diagnosis." The first sentence was, "The study of the soul in health and disease ought to be as much an objective of scientific study and training as the health and diseases of the body."

Other men like Henry Ward Beecher, John G. McKenzie, and William Adams Brown were quoted by Kemp as having a concern about the practical effectiveness of their ministry.

Earliest Phases

In 1913, W. P. Ladd made the statement before the General Convention of the Protestant Episcopal Church that the theological courses in the seminaries needed to be supplemented by some kind of practical training (24). This was about the period when other professions like medicine were beginning internships, the educational colleges using "practice teaching," law utilizing the case-study, and social work using supervised field work.

During the twenties, there appeared three names directly related to clinical pastoral education as understood today: Anton Boisen, Richard Cabot and William Keller. Chronologically speaking, these three names should be reversed, but in terms of initial and continuing influence Boisen is mentioned first.

Boisen, a graduate of Union Theological Seminary, experienced a severe emotional disturbance in his forty-fourth year. He had been considered hopeless and it was some two years before he returned to society. During his convalescence he devoted himself to a study of the meaning of his illness and of those of the other patients around him. The entire experience and its impact are fully described in his book, The Exploration of the Inner World (4), which was first published in 1936, some 12 years after coming back from the "wilderness of the lost." His conviction, while hospitalized, that "clinical experience should be just as important to the man who is to be charged with the cure of souls as it is to the man who is to care for the bodies of men," became the guiding consideration which led to intensive studies and finally to embarking on a chaplaincy program at the Worcester State Hospital (in Worcester, Massachusetts) which was to inculcate clinical training for theological students. With the whole-hearted support of Dr. Richard Cabot and Dr. William Bryan, superintendent at Worcester State Hospital (who, when asked about having a chaplain, is reported as having replied that he would be perfectly willing to bring in a horse doctor if he thought that there was any chance of his being able to help the patients), Boisen started his program by bringing four theological students to get a first-hand knowledge of human nature. They worked as ordinary attendants for ten hours a day at first; subsequently the time was reduced to five hours a day in order to leave time to study case records, attend staff meetings or special conferences. By 1930, some 35 students had "theological education via the clinic" (24, 43, 49).

It was emphasized by Boisen that as he had conceived clinical pastoral education there was no new gospel to proclaim and no effort to introduce anything new into the theological curriculum. What was new was the attempt to begin with the study of "living human documents" rather than with books (3:3).

As a direct outgrowth of the experiment of Boisen, the Council for Clinical Training of Theological Students was incorporated in Massachusetts in January, 1930. Boisen said that it was a result of Dr. Richard Cabot's article, "A Plea for a Clinical Year for Theological Students" (which was published in December, 1925). Dr. Helen Flanders Dunbar was the first director. The founding of the Council can be taken as the close of the first phase of the development of clinical pastoral education.

The other two names mentioned earlier will now be considered briefly. Dr. William Keller, a physician in Cincinnati, in 1922 offered to accept a few seminarians in order to provide them with a first-hand experience with people. In 1923, the Cincinnati Summer School in Social Work for Theological Clergy and Junior Clergy was started. It operated until 1935, when its name was changed to The Graduate School of Applied Religion, with the Rev. Joseph Fletcher as dean. The program was expanded to a year-round basis of four quarters (31).

Dr. Richard C. Cabot, who had advocated the year of clinical training in theology, did so out of his meeting with theological student neighbors of many years' standing. He held many meetings with them and came to see many ways in which the medical students and theological students were "astonishingly alike."

In summary, the earliest phases of clinical pastoral education began with some pleas for clinical education for theological students, and ended with two programs well under way--one by a physician and another by a former mental patient and clergyman. There was a definitely personal touch to this phase in that private homes were opened to the students and "public relations" done more by word of mouth (31).

Middle Phases

From the mid-twenties, we next move to the mid-thirties for the next development in the clinical pastoral education movement. In successive order after the founding of the Council: the New England Group was formed in 1932 when Philip Guiles withdrew as secretary of the Council to establish a similar program in the Boston area; in the same year, the Council expanded its program to general hospitals after having confined it to mental hospitals; the Graduate School of Applied Religion was founded in 1935; the Philadelphia Divinity School began a "New Plan of Theological Education" in 1937. For the first time in theological education, full-time clinical pastoral education became an integral part of the curriculum. This phase has been called the "early walking stage" by Seward Hiltner (31). By now some 300 students and ministers had been exposed to the clinical growing edge of theological education.

Later Phases

The mid-forties saw clinical pastoral education begin to come into its own with the National Conference on Clinical Training in Theological Education in June, 1944. An estimated 1300 students had had some clinical education by this time. The book, *Clinical Pastoral Training* (an older term; now superseded. See Appendix A), edited by Hiltner (31), gives a full synopsis, including (1) development of the clinical training movement, (2) standards for clinical training, and (3) the place of clinical training in the theological curriculum. Other important developments in this period included the founding of the Institute of Pastoral Care in January, 1944. It sought to develop a clinical training program which would place its primary emphasis on the parish ministry. One other event in this period was the absorption of the Graduate School of Applied Religion by The Episcopal Theological School in Cambridge, Massachusetts, in May, 1944.

Clinical Pastoral Education Today

The mid-fifties have come to see this dimension of theological education come into full maturity. As discussed above, it is very much part of today's theological education. The events which mark this period include the establishing of two journals in the field: Pastoral Psychology and Journal of Pastoral Care; the flood of books and articles in this area; the Fifth National Conference on Clinical Pastoral Education. There seems to be no phase of theological education which is not vitally touched by this movement. As stated by Bruder at the Fifth Annual Conference on Clinical Education for the Pastoral Ministry:

> . . . it seems safe to say that modern theological education, which is concerned with preparing men for the pastoral ministry, has not dealt fairly with its students unless it has come to terms with the insights and skills already available through this new approach or method in theological education. (10:v)

Clinical Pastoral Education and the Seminary Curriculum

For many years clinical pastoral education was considered to be an "intruder" by many theological schools, because its origins were outside the walls of the usual seminary. There were several notable exceptions, however. The first seminary to integrate clinical pastoral education into its curriculum was the Philadelphia Divinity School, which made it a graduation requirement in 1937. In 1944, Reuel Howe reported on some of the conclusions that were reached, after long and persistent efforts to effect such an integration, to the First National Conference on Clinical Pastoral Training.

1. Clinical training in a theological curriculum provides the faculty with a remarkably accurate means of testing a student's vocation for the ministry and estimating his personal and other qualifications for the work.

2. The graduates, almost without exception, have begun their ministry with a clear sense of purpose and a relevant sense of the resources of the Christian religion and the ministry of the church.

3. The graduates have gone into the communities of their cures with the ability to search out and cooperate with the agencies and institutions that are ministering to the needs of the community.

4. The graduates have met the inevitable problems and difficulties of their work with a resourcefulness that avoided much confusion and tension for both themselves and the situations in which they were working.

5. One of the most outstanding results of clinical theological training was observed in the personal development of the students. (31:16)

Results and careful evaluations of this experiment were then applied in the development of the Virginia Theological Seminary. Today the program is an integral and official part of this seminary's structure and requirements for graduation.

Another pioneer in the application of the clinical approach to seminary education was David Eitzen. Eitzen's efforts have been as long and persistent as Howe's, but with a distinctive contribution of its own. Its antecedent was in Eitzen's thesis in 1937, "The Possibility of Developing Studies in Pastoral Counseling in the School of Religion of the University of Southern California" (22), and its subsequent growth and articulation came through the various courses and experiments within that school (now

The Southern California School of Theology in Claremont, California). In those intervening years one of the most distinctive features has been to relate the growing edges of clinical pastoral education and clinical psychology.

One of the most interesting seminary programs was launched at Union Theological Seminary under Dr. Earl Loomis, a psychiatrist, in 1956. Their catalog describes this program in the following words:

> The aim of the program in psychiatry and religion is aimed to provide for the study of the interrelations between the scientific and the therapeutic disciplines bearing upon the life of man and the theological and religious approach. It is thus a program at the interfaces of psychiatry and religion which is interested both in scientific theory and theology, on the one hand, and in the study of life experiences, including religious experience, on the other. Its primary focus is on the strengthening of the pastoral office and function and in the enhancement of communication between the ministry and the other healing profession in their common focus on man in his sickness and health, his development and their interrelationships. As part of the total program in the practical field it provides contributions toward the building of advanced studies in the area of personality, interpersonal relationships, and the psychodynamics of groups.

Other seminaries under the leadership of Carroll Wise, Joseph Fletcher, Seward Hiltner, Wayne Oates and Paul Johnson, have developed seminary curriculums which tie in many aspects of clinical experience to the aims and structure of theological education.

At the Fifth National Conference of Clinical Education for the Pastoral Ministry, Carroll Wise discussed the place of this program in the theological curriculum. These were some of the points noted:

1. Clinical training begins with a direct involvement of the student with his neighbor, that is, with persons who are in need of whatever love and understanding the student can bring to them rather than beginning on the level of abstracting, organizing, comparing and evaluating verbal symbols of reality, which is the essence of intellectual study.

2. Clinical training complements the intellectual experience of the seminary with a living, creative reality of the "language of relationships" including the meaning of God.

3. Clinical training leads to important self-discovery and to personal involvement in contrast to the academic emphasis which tends to distort emotional understanding or may even unintentionally lend itself to the reinforcement of unhealthy repression of conflicts within the student.

4. Clinical training aids in the clarification of the role of the minister by providing an opportunity to integrate theory and practice in contrast to the necessary intellectual development fostered by the seminary. (10:62-65)

In retrospect, there were three main streams within the rise and development of clinical pastoral education from its earliest beginnings to the present: (1) Through the Council for Clinical Training with such men as Boisen, Cabot, Dicks, Beatty, McPeek, Hunter, Guiles, Wise, Kuether and Hiltner; (2) through the Institute of Pastoral Care which had its antecedents in the Cincinnati Summer School and the Graduate School of Religion, under men like Keller, Fletcher, Dicks, Guiles, Hunter, Fairbanks, and Johnson; (3) through seminary education (The Association of Seminary Professors in the Practical Field), with pathfinders like Howe, Eitzen, Wise, Johnson, Hiltner, Oates, and Loomis.

It has been estimated that some 3,500 students and ministers have had clinical pastoral education under the sponsorship of the Council for Clinical Training and the Institute of Pastoral Care. Seminary courses in this area have grown from a few isolated courses in 1899-1900 in the Hartford School of Religious Pedagogy, to where over 80 per cent of 109 seminaries responding to a questionnaire by the American Psychological Association (62) have at least some training in psychology in courses like pastoral care, counseling, psychology of religion, pastoral theology, etc. The 1954 Annual Directory of Pastoral Psychology (60) listed seven opportunities for graduate studies and clinical experience leading to master's or doctoral degrees in such fields as pastoral theology and pastoral counseling, and twenty such opportunities were listed in the 1958 Annual (61).

More than the numbers, facts and figures, is the kind of depth understanding which characterizes this "new concern" for the old responsibilities of the Christian pastor. Seward Hiltner contrasts the "old" and "new" in the following terms:

1. The old concern was not developmental in that it lacked today's depth appreciation of unconscious forces to which Freud gave us the key. This is not to say that there was any lack of interest in motivation; it simply was limited. "The new concern is not so much new in intention as in capacity for performance. Leonardo wanted to fly, but he had mastered only some of the basic principles of aerodynamics." Instead of a hasty, though well-intended censure of any given act, the new concern seems to consider also, "What, specifically, does this act mean to this person at this time?"

2. The old concern "was not consistent with the view that act follows character and cannot be changed without a change in character." As more legalism and moralism developed, more reliance was placed on changing behavior in terms of act rather than the whole being. Augustine, Luther, and Calvin had a profound grasp that

salvation ("health," "wholeness") came by faith alone through the gift of God's grace, yet even they did not grasp the basic point nor could they grasp it in its complex depth. In a word, a given act was not fully appreciated as a symptom of basic character and underlying psychodynamic causes.

> Even Calvin, with his psychological insights, could not have believed that there is a connection between the rigidity of personality and the development of arthritis, or between rage undealt with and heart disease. Many facets of health and illness leave a closer relationship to the life of the spirit than the Reformers or Cardinals could have dreamed.

3. The old concern concentrated on the discipline of the person, i.e., on dealing with that which the individual does which violates group standard. The mentally ill were driven from the community, but a "real" illness like pneumonia was not similarly disciplined. Today, we know that even accidents and most illnesses are in some measure a function of the person. Blacks and whites have given place to grays. Also we understand that illnesses are not merely negative, but often represent constructive values, and are attempts to break through to something better. Anton Boisen stated it thus: "The therapeutic values of anxiety" (58:616).

In a report of the Fifth Annual Conference on Clinical Education for the Pastoral Ministry, these trends were noted:

1. The leaders in the field of clinical pastoral education are not only seeing more clearly its place in theological education, and accepting it as such, but are coming to recognize that its focus or point of determination must lie from within the concerns of the seminaries themselves.

2. Clinical pastoral education is being seen as a vastly variegated field of rich potentiality. Some have tried, but none has ever been able to define it with any great exactitude. All the vast levels of opportunity for training in this generalized field need to be seen more clearly and worked out more thoroughly.

3. Readiness to move ahead toward some national organization that will provide leadership in the areas outlined. (10:vii)

Such are the climate and trends of clinical pastoral education today within the context of Christian tradition as well as other traditions of mankind: "to preach, teach, and heal."

CHAPTER II

THE LITERATURE REVIEW

The following literature review was made in order to touch upon the various levels and times that the theological student might experience the meaning, purpose, results and implications of clinical pastoral education. Most of the studies reported are empirical or critical in nature; a few articles are included because of their pertinence to the given topic.

Studies of Pre-Ministerial Students

Carrier (17) in a brief article dated 1951, made some observations regarding the need for pre-ministerial students to have counseling. She gave two main reasons. First, guilt is often unrecognized, distorted, and displaced. This is a special problem to pre-ministerial students since such unconscious emotions can be readily converted to a verbalized, theological reality which may hamper the release of personality into a healthy fullness of life. Second, traditional teaching of ideals often create as many conflicts and obstacles as it supports and guides in developing Christian ways of living. This occurs because (1) the classroom tends to keep ideals in abstract and generalized terms, (2) the result of absolute ideals being taught to naive children may be an isolation which is manifested in feeling secure in a minority position because of Divine approval or in developing an external geniality that never produces the warmth which is craved. The minister of today is finding it necessary to discover his own "margin of tolerance."

Whitlock (74) in 1959 wrote about the influence of personal factors and vocational choice among 25 ministerial candidates for the United Presbyterian Church, U.S.A. More specifically, he studied the relationship between passivity of personality and relative scores on the California Psychological Inventory, a Sentence Completion Test, and Clinical Ratings. All scores were in terms of rank-order correlation coefficient. Some were as follows: .845 between Clinical Ratings and Sentence Completion Test scores; .590 between the Dominance and Sociability scales of the California Psychological Inventory; .234 between Clinical Ratings and the Dominance scale of the California Psychological Inventory; .163 between Sentence Completion Test and the Dominance scale of the California Psychological Inventory. Other measures used were: Strong Vocational Interest Scale, Scale of Religious Beliefs, Christian Decision Index, and Vocational Decision Index. The hypothesis that "passive" persons placed more value on ego-satisfaction than the "active" persons was supported only by Clinical Ratings; the hypothesis that "passive" persons scored lower on the Occupational Level scale of the Strong Vocational Interest Test was supported by the Clinical Rating and the Dominance scale of the California Psychological Inventory.

Caution was stressed on all findings in view of various limitations. In general, however, the evidence seems to indicate that the vocational choice of the "passive" person tends to be unrealistic in terms of his own aptitudes and interests (74:112).

This study concludes with a theoretical discussion of the "passive" and "active" person, and a "call to the ministry." Students who have based their vocational choice on different trends were considered in light of "passive" and "active." The student who:

1. seems to be primarily concerned with seeking a career tends to have a "passive" personality structure.
2. had a previously successful experience in a church setting tends to be a "passive" person.
3. has chosen the ministry at an early age and remained "sheltered" tends to be a "passive" person.

4. has had some significant religious experience may be either an "active" or "passive" person.

5. has made his choice chiefly out of an objective intellectual interest in theological problems may be either an "active" or "passive" person.

6. has marked, humanitarian interests may be either an "active" or "passive" person.

7. is seeking a faith that is adequate to make sense of the contemporary moral and intellectual confusions tends to be an "active" person.

8. has made his choice out of the background of acceptance tends to be an "active" person. (74:124)

"Active" is similar to the personality structure outlined in the description of the "good" students in the Stern (67) study which will be discussed shortly.

Studies Assessing the Theological Student

Various empirical studies assessing theological students have been reported in the literature. Because of the careful and thorough report of the above studies in Dodson (21) and Whitlock (74), only a very brief summary will be given in this review. These were the main conclusions reached by Whitlock (74:20):

1. Many of the empirical personality studies of Protestant ministerial students have yielded results which

are inconclusive. Contradictory findings can usually be traced to uncontrolled variables in experimental design.

2. Ranck's study includes a most representative sample of Protestant ministerial students. He found authoritarianism and submissiveness significantly related to religious conservatism, but that the differences of religious ideology were not significantly related to psychopathology as measured by personality questionnaires. However, a methodological criticism can be made of the exclusive use of paper and pencil tests. The studies of Hillis and Hunt show that paper and pencil tests are subject to conscious and unconscious manipulation of responses to make the subject appear in a better light.

3. The studies have been empirical, but only Stern's and Dodson's studies have made specific predictions to be tested. These experimental studies have been carefully designed and carried out.

4. Only the studies of Stern and Dodson used projective instruments to test unconscious personality factors.

Stern (67, 68), though included above, will now be reported more at length. In 1953, Stern and associates did an assessment of the personality structure of theological students in order to assist the seminary in screening as early as possible the students who would make successful ministers. A functional student personality model most capable of fulfilling faculty role-expectations was developed. To the six students provided by the faculty as "good" and "poor" students a test battery was given. It consisted of the Wechsler Bellevue, Rorschach, Thematic Apperception Test, Sentence Completion, Szondi, and Figure Drawings. The assessors predicted correctly all six students, who had been previously been selected by the faculty. A criterion covering interpersonal relations, inner state, and goal orientation had been used by the assessors in addition to the psychodiagnostic analysis. The "good" students were described as being autonomous and independent; having high energy levels; having counteractive restriving when confronted by frustration or failure; being predominantly intraceptive coupled with a cathexis of external factors; expending energy primarily on the active influence of situations and people along lines dictated by a private system of values. The "poor" students ranged from attempted dominance to strained uneasiness in social situations. All three lacked insight or sensitivity to others. Their energy level was high though lost by anxiety and tension. In face of failure, they were counteractive, extrapunitive, and perseverative. In the expending of energy, more emphasis was placed upon the process of compulsive introspection and metaphysical speculation. Finally, the "poor" students were motivated more by ministerial status and security through community support (68:80).

Dodson (21) in 1956 made a careful study of personality factors in the choice of the Protestant ministry as a vocation, using an experimental group made up of students from three seminaries in the Los Angeles area. Fifty students were selected to be matched on a man-for-man basis with other graduate students (used as a control group) entering various other vocations. The measuring instruments were the Gregory Religious Beliefs Scale, the Rosenzweig Picture-Frustration Test, the Tolerance-Intolerance Test, the Free Association Word Test, and Sentence Completion Test.

Six hypotheses were made that the ministerial and control groups would differ significantly in a given direction, and that the "liberal" and "conservative" students would also differ significantly. Confirmation was made of the following hypotheses that the seminary students would differ significantly from the control students in (1) being more guilt-ridden, (2) having more difficulty with sexual feelings, (3) having more difficulty with hostile feelings, (4) being more intropunitive. Rejected were the hypotheses that seminary students would be (5) more authoritarian and (6) more emotionally disturbed. With the sentence completion test the following were confirmed for the comparison between conservative and liberal students, but rejected by the Word Association Test: conservative students as compared with liberal students showed (1) more guilt feelings, (2) more discomfort with sex feelings, (3) more difficulty with hostile feelings. Two hypotheses were rejected by both tests: conservative were not (4) more intropunitive than liberal nor (5) more emotionally disturbed. Both tests confirmed that the conservatives were (6) more authoritarian than the liberals.

Studies Directly Related to Clinical Pastoral Education

Smith College Studies (65). Five master's theses by Smith College social work students were written in 1946 to evaluate clinical pastoral education at Greystone Park Hospital, New Jersey, during the 1935-1945 period. This combined study was divided into five parts: I. Emotional Adjustments and Trend Toward Specialized Ministry; II. The Academic, Clinical, and Supervisory Phases of Clinical Pastoral Training; III. An Appraisal of Student Contacts With Psychotic Patients; IV. An Appraisal of Student Contacts with Psychoneurotic Patients; and V. An Appraisal of Student Contacts With Psychopathic Patients. The above was only a brief report in the literature and opportunity was not available for examining any of these studies of 118 students with clinical pastoral training. One comment made in these studies, however, was that part of the students' difficulty in their work stemmed from insufficient understanding of themselves as persons. So far as is known, this series was the first systematic evaluation of clinical pastoral education.

Boyd (6) intensively analyzed and evaluated a six week course of group psychotherapy given to nine theological students for 27 hours under the sponsorship of the Institute of Pastoral Care in 1951. His primary purpose was to test the hypothesis that "ministers and theological students who receive the psychological training and psychotherapy offered in the course in 'Group Therapy' measurably improve in their interpersonal relationships and self-understanding." Results were generally positive. A variety of approaches were used: psychological testing; observational techniques; clinical evaluations; and interviews. The group was used as its own control on the assumption that the amount of personality change in six weeks would not approach significant levels. Of more interest than gross personality change was the content of changes occurring in group psychotherapy. No statistically significant changes for the most part, but a general trend toward improvement (a decrease of the Harrower-Erickson "neurotic-signs" for the Rorschach; less authoritarian with the TAP Social Attitude Battery). This study is the only one known to the writer which studies so intensively a clinical pastoral education group. The TAP Social

Attitude Battery was taken from this study.

Thomas (72) in 1956 did an evaluation of clinical pastoral training in a general hospital which used a four-page questionnaire that was mailed to the 49 students who had been in the program since 1948. Of the 50 per cent return, 16 were full-time students (three months) and 10 were part-time students. Five sections were in the questionnaire: (1) Activities scheduled through the School of Nursing, (2) activities through the hospital medical staff, (3) activities with chaplain-supervisor, (4) activities as chaplains on hospital wards, and (5) a series of open-ended questions. Among the latter were "unusual meanings of clinical pastoral training" and "self-recognition of one's relationships with others." Some of the comments received were:

"Individual conferences with supervisor led to a depth of insight to myself."

"I have been able to understand others since understanding myself."

"This was the most valuable part of the summer's experience in that I began to see myself as others see me."

Personal growth of the student was also stressed under the activities with the chaplain-supervisor. A conclusion was made that the students received help from this program which was not available in the ordinary academic life of the seminary in the (1) clarification of their role as a minister, (2) awareness of their own feelings as a person, (3) opportunity to minister to the physically ill, and (4) learning to work with other professions. A problem of how to measure better the effectiveness of clinical pastoral education for more objective standards for comparison among the several varieties offered was raised. This was a study independent of the below by Bruder and Barb.

Bruder and Barb (14) did a survey of ten years of clinical pastoral education at St. Elizabeths Hospital in 1956. It covered the period 1945-1955. A ten-page questionnaire of fifty questions was sent to the 139 graduates of clinical pastoral education at St. Elizabeths Hospital (84 were students from the Protestant Episcopal Seminary in Virginia). There were 122 returned, or an unusually high return of 88 per cent. The questions were multiple choice and open ended. Comments were invited. The findings were summarized under (1) attitude toward training, (2) vocational attitudes, (3) personality development, (4) recommendations. Under personality development, such questions as: "How much effect, favorable or unfavorable, does clinical pastoral training have on your self-understanding?" and "What things in the program, as you knew it, have been most helpful?" obtained a very high response of "favorable" or "very favorable," and to the second question a majority answered in the area of opportunities for self-awareness of the interpersonal relations aspects. The conclusion is reached that:

> The predominance of direct references to self-observation and interpersonal relations in such open-ended questions is a clear indication that the programs not only provide opportunities in these two areas, but that they are the most important aspects of the program. (15:94)

Among the ten recommendations are these two:

> . . . to define the meaning of "self-awareness," and to investigate the validity of students' claims that "self-awareness" in interpersonal relations is the most significant contribution of clinical pastoral training to the professional and personal development. (15:94)

In 1958, Gynther and Kempson (28) did an empirical study of personal and interpersonal changes in clinical pastoral training using the Interpersonal System of Personality (52, 53) on five subjects. They were administered the MMPI and Interpersonal Checklist (ICL) at the beginning and at the end of a three-month period. There were varying findings. The main ones were that the facade and characterological levels of personality as measured by the MMPI remained relatively constant, and that self-descriptions as measured by the ICL also remained unaltered. This study bears additional interest since the authors were following up a suggestion in the Bruder study (14) where the students reported that the most important contribution of clinical pastoral training was in the changes brought about in self-awareness. They conclude that there is the possibility that the ratings represent stereotyped conceptions of how ministers should be, rather than how they are actually seen.

Strunk (69) reported on a pilot study made in 1959 about the learning of empathy in 18 theological students and parish clergymen who participated in a 12-week course of clinical pastoral training in a mental hospital. The subjects were given The Empathy Test, Form A, in the first and final week of the program. In the test, the individual is asked to rank various areas according to a specified orientation--e.g., "What does the average American choose to read?" is followed by a listing of fifteen different popular magazines with the instructions that the subject rank them according to circulation. The subjects' ranking is then compared with actual or true ranking, based on empirically determined circulation figures, the difference yielding an empathy score. Results: with a parametric test, a "t" of 1.23 was obtained; thus there was no significant increase of empathy; however, 12 out of 18 increased in empathic ability and with a Sign Test, a p. of .072 was obtained; thus a general increase of empathy occurred for the group.

Summary

The above review was made in order to summarize the empirical studies of clinical pastoral education, and to note a few studies which have considered the personality of the theological student. Summarizing comments are as follows:

1. Pre-ministerial students may have unique dynamics which would have to be taken into consideration in educating the "whole man." Carrier suggests neurotic guilt and over-idealization. Whitlock considers the basis and processes of a "call to the ministry." Based on some empirical evidence, he notes that the "passive" person's vocational choice may be unrealistic in terms of his own aptitudes and interests.

2. Studies of theological students, themselves, have been inconclusive as a whole. Ranck's study of a very wide and representative sample with paper and pencil tests concluded that authoritarianism and submissiveness were significantly related to religious conservatism. Stern's study was a total assessment of three "good" and three "poor" theological students who were successfully discriminated by comparison of psychodiagnostic evaluations and a hypothetical model of such students. Dodson's study, using projective techniques, found significant differences in such areas as guilt, sex, and hostile feelings between 50 graduate students in seminary as matched with 50 graduate students in other disciplines.

3. Studies of clinical pastoral education to date have been of two types: (1) an evaluation of clinical pastoral education itself, and (2) a critical appraisal of

selected changes in students with clinical pastoral education. The Smith College series, Thomas, and Bruder and Barb are in the first classification. They all reported on some aspect of the student's understanding of himself. The Smith College studies raised a question about it. Thomas and Bruder reported self-understanding as one of the significant results of such clinical education, according to student response to a questionnaire. The Boyd study shades into both classifications, though predominantly in the latter; within the limits of a sample size of nine subjects and a six-week period, measurable improvement in interpersonal relationships and self-understanding are reported. Gynther and Kempson, and Strunk reported exploratory studies in the second classification. Findings were not significant in the former with 5 subjects and the latter showed a trend toward increased empathy among 18 students. None of the above research designs had any normative population control or comparison; thus there was no indication that the changes ascribed to clinical pastoral education were limited to this experience or could be subject to an empirical investigation with as significant results in self-understanding as purported by students and chaplain-supervisors.

CHAPTER III

THE PRESENT STUDY

Introduction

The immediate task of this study is to examine selected changes in some Protestant, theological students with one quarter of clinical pastoral education and to consider the implication of such changes as occur for the curriculum of theological education. As reviewed in the preceding chapter, there are various studies relative to changes in clinical pastoral education. There are both intensive studies and extensive studies that clinical pastoral education results in changes within students. However, to date, no empirical studies have been reported on such changes in comparison to a normative group. This is the problem which this study will undertake.

Motivation for this problem came from the writer's experience of several quarters of clinical pastoral education in two different mental hospitals and one men's reformatory. Two of the quarters were during the summer with two different groups of students. It was observed that there were marked differences in both personal and interpersonal understanding. As stated by one student, "It (clinical education) is like diving under water and getting a fresh view of everything."

The literature review seems to support this observation that one of the important aspects of clinical pastoral education is in the area of self-understanding and interpersonal relations. While evaluating the place of clinical education in the seminary curriculum, Wise noted the importance of self-understanding, but then went on to state that there were two questions which arose:

1. The need for research which will make more explicit the meaning of this experience of insight.
2. Evaluation from the point of view of the curriculum. (10:64)

It was decided to investigate empirically changes in self-understanding. The writer is well aware that this goal of clinical pastoral education is only achieved indirectly. Bruder has stated:

> Competent clinical training supervisors with experience can bear witness that if the training program conducted were worthwhile to the students, its most significant effect on the student was the development of self-understanding. . . . It is true enough that such self-awareness or understanding can never be achieved as a direct goal of the learning process. It is the inevitable by-product of something else. (10:vii)

Hypothetical Model of Self-Actualizing Student

In addition to the empirical investigation of selected changes in theological students with clinical pastoral education, this study is interested in relating those changes to the seminary curriculum. It is not obvious that self-understanding and self-awareness are important dimensions of a "course of study"; however, when it is thought of in the context of "self-educating," "self-actualizing," "growth motivated" students then the "selected changes" take on additional import.

A hypothetical model of a self-actualizing, theological student will be the setting within which "selected changes" can be more fully appreciated. Before doing so, let it be clearly understood that the writer does not assume that students in seminary are any more "disturbed" or any more "healthy" than students in other graduate schools. However, there may be peculiar considerations which may be more valid for ministerial students than for other students which would be well to take into explicit account within the "course of study" so that most might be obtained from and for the future religious leaders.

Such a view was suggested by the following: Carrier noted the neurotic guilt and over-idealization factors among pre-ministerial students. Whitlock has pointed up the "passive" and "active" personality structure of those with "a call to the ministry." Dodson seems to have valid and significant findings that unconscious feelings about guilt, sex, and hostility are part of the make-up of the graduate student in religion.

Stern has made a discrimination between the "good" student and the "poor" student.

Assuming then that there are varying shades of motivation for the ministry and that there is a vast diversity of personality factors, how then can we explicate these factors and adequately relate them to the course of study? At this point, it may be well to pause and make an analogy between the student and seminary education, and the student and clinical training. Kuether has described the various phases of the Council for Clinical Training's development in the following three questions which are often posed by the student in clinical training:

1. What must I know to be of help to the patient?
2. What must I say to be of help to the patient?
3. What must I be to be of help to the patient?(45:20)

As with the student in clinical education so must the student in seminary education pose the question of "what must I be?" as well as know and say. As previously noted, the key problem in the advancement of theological education today is "Self-educating men." The "course of study" has responsibility not only for what the student knows, but also for who he is.

If, then, the "self-educating man" is a key problem, what conditions or preconditions must prevail so that there will be maximal opportunity for such a process to be kindled. Furthermore, it will be remembered that the writer has put forth an exploratory notion that the "self-educating" or "self-actualizing" man be a fourth dimension of the seminary curriculum along with knowing the tradition, understanding the contemporary world, and developing skills to communicate (see "Theological Education Today"). It is with such considerations as these that the hypothetical model of a self-actualizing student is made. It will be made largely upon the studies by Maslow (51), and the writer's observations.

1. The self-actualizing student will have a more efficient perception of reality which eventuates in a superior ability to reason, to perceive the truth, to come to conclusions, and to be cognitively efficient.

2. The self-actualizing student will accept his own nature without chagrin or complaint and will be similarly accepting of others.

3. The self-actualizing student will be problem-centered or "work-oriented" rather than ego-centered; growth-motivated rather than deficiency-motivated.

4. The self-actualizing student will be autonomous; he will not passively conform to the expectation of those around him, rather he will follow internalized guide lines.

5. The self-actualizing student will have a more democratic character structure; he feels equal as a person to others; he finds it possible to learn from anybody who

has something to teach him--no matter what other characteristics he may have.

6. The self-actualizing student is not wholly self-actualizing, for he will be awakened in the community of relationships to the creating and sustaining of God.

Possibly some words by the late David E. Roberts point up succinctly the significance of such an individualized student or person:

> Human existence begins in organic solidarity with nature and the community, prior to guilt; insofar as it succeeds in passing constructively through conflict, it reaches a similar solidarity on the other side of guilt; but the "individualized" person now appropriates this condition through self-affirmation instead of receiving it passively. (53:24)
>
> . . . Either man creates the essential meaning of his life, or he receives it . . . a Christian, while emphasizing that man receives the meaning of his life from God, can interpret this dependence not as the abrogation of freedom but as the fulfillment of it. What is offered, in such a religious orientation, is not a revelation or a set of eternal values which exist apart from man, but a personal fellowship which can be actualized only, through and with a transformation of human nature. The central Christian affirmation about revelation is . . . that He gives as Himself. (53:279)

Hypotheses

The above is the writer's frame-of-reference for appreciating selected changes occurring in students with clinical pastoral education. An assumption was made that the following hypotheses were related to some aspect of the self-actualizing student as conceived by the writer.

The board research hypothesis is that clinical education provides a unique kind of self-awareness or self-understanding, a pre-condition of self-actualizing students. But more specifically, such training will effect the democratic character attitudes, the self-acceptance, the religious views and the efficient perception of reality as empirically tested by the following hypotheses:

1. Theological students with clinical pastoral education will show significantly less net change in authoritarian attitudes than the non-clinical seminary education control group.

2. Theological students with clinical pastoral education will show less self-acceptance than the non-clinical seminary education control group.

3. Theological students with clinical pastoral education will show more liberal religious attitude change than the control group.

4. Theological students with clinical pastoral education will show more insecure feelings than the control group.

Notice that the expectation was that there would be less self-acceptance and an increase in insecure feelings. Less self-acceptance was defined as the discrepancy between self and ideal by the Interpersonal Checklist. Maslow has noted that healthy people generally feel bad about discrepancies between what is and what might very well be (51:208) or for the purposes of this study we might say between self and ideal. Thus a seeming contradiction between the hypothetical model of the self-actualizing student and the expected change in the experimental group is thought of by the writer as a step toward validating that model.

The increase of insecure feelings may also seem contradictory at first glance. However, when it is thought of in the context of Wise's discussion on levels of insight then it is seen as another step toward the validation of the hypothetical model of the self-actualizing student. Wise considers that the first level of insight occurs when one has an awareness that something is wrong, that a problem exists (76:121). In this study, the increase of insecure feelings can be taken as awareness that something is wrong.

In addition to the above main hypotheses, it was further hypothesized that there would be no significant difference between various "conservative" and "liberal" groups in:

1. Authoritarian attitudes
2. Self-acceptance
3. Religious attitudes along a conservative-liberal continuum
4. Feelings of security or insecurity

CHAPTER IV

THE METHODOLOGY

Design of the Study

Pilot Study

The writer did a pilot study of selected changes in twenty theological students taking one quarter of clinical pastoral education in the summer of 1958, at three training centers (which were used again in the present study: Austin, Metropolitan, Patton). A test and retest of the students were made with the Gustafson Religious Beliefs Scale (21) and with a sentence-completion test devised by Dodson (21). The Gustafson Scale was developed for the purpose of measuring religious beliefs of Christians regardless of denominational affiliation. In the pilot study, it was chosen to measure the change in students in clinical pastoral education along the dimension of conservatism-liberalism of religious belief. Dodson designed a 75-item sentence-completion test as some sort of projective technique for testing unconscious guilt, hostile and sex feelings of graduate students. It was selected for the pilot project in order to determine if significant changes occurred in such feelings after one quarter of clinical pastoral education.

A total of eighteen Gustafson Scales was used. With the students serving as their own control, it was found that there were no statistically significant differences in the dimension of conservatism-liberalism according to a sign-ranks test. An item analysis of variability of the individual religious beliefs was not made. The sentence-completion tests were not scored. As a result of the above project, it was decided to attempt a more thorough empirical investigation of selected changes in students with clinical pastoral education.

Intensive or Extensive

One of the main considerations in the design of this study was in the matter of an intensive or extensive study of students in clinical pastoral education. Boyd (6) did a very intensive study. However, to follow his design would have required certain optimal conditions and continuing access to a given clinical pastoral education program which were not available to the writer. In the Bruder and Barb (14) study, the design was quite extensive. Because of the intensive and extensive nature of the above studies, it was decided to combine some features of both. The combining was implemented by focusing on some common sector of both studies--changes in students with clinical pastoral education. Intensiveness was approximated by the choice of a test battery. Extensiveness was included by having a matched, control group as a basis of comparison for the generality of obtained findings.

Perhaps the comment could properly be raised that the design has limitations in both dimensions. If so, the only reply which could be made is that this study strives to deal with a central problem of clinical pastoral education without too much stress on technique or the means centering in science (56).

The Population Studied

The Experimental Group

The experimental group chosen for testing the hypotheses of this study consisted of students taking clinical pastoral training under the sponsorship of the Council for Clinical Training at four mental hospitals (Oregon State Hospital, Salem, Oregon; Patton State Hospital, Patton, California; Metropolitan State Hospital, Norwalk, California; Austin State Hospital, Austin, Texas).

These training centers were chosen because of the following four reasons. First, the Council for Clinical Training has the broadest program in the field of clinical pastoral education. An estimated 350 students took clinical pastoral education in 1959, at 45 centers throughout the country. In the past 30 years, 3,000 students have taken one quarter of clinical pastoral education with the

Council. Second, the bulk of students in the Council Program received their training in mental hospitals. Twenty-five of the 45 training centers are in mental hospitals. Third, to date, there are no known studies of clinical pastoral education in western United States. Fourth, the control group was to be drawn from the Far West, so a general attempt was made to have similar regional factors.

Twenty-three students were available at the four training centers. These students either elected or were placed in each center. Ten of them were required to take this training as a requirement for graduation. Females, graduates of seminaries, and persons with previous individual or group psychotherapy were rejected. This was done since there are very few female theological students and because this study centers on students who are still in seminary. Psychotherapy is considered to be too closely allied with the clinical education under consideration; thus, persons who have had psychotherapy were rejected (with the exception of one in the experimental group).

Seventeen students remained and were used as the experimental group. Of this group, all were male, with Protestant backgrounds, who were brought up in the United States (with the exception of one born in England). Four major denominations from six different seminaries were represented, though there was a preponderance of

Episcopalians (13 out of 17). In spite of the small size of this group, there was a wide geographical representation. Eleven different states were represented among the students, as well as one other country. Four of them were from one state (Texas). Ages of the entire group ranged from 22 to 38, with a median of 28.

Other information regarding the experimental group includes the following: 15 were in their fourth semester or under (two were in fifth and sixth semester); they might be considered more sophisticated psychologically as a group since 15 more books in psychology and allied fields were reported as having been read, and 8 more courses in psychology were listed; it was of interest to note that 10 in this group were the first-born child (5 were first-born in the control group).

The Control Group

If the considerations of time and money had been of no importance, the control group would have been made up of students of each of the six seminaries represented. However, this was impossible, so the students from two local seminaries were used (Fuller Theological Seminary and The Southern California School of Theology).

All of the students were about in their second year of theological studies. A total of thirty-one were first tested, but in the retesting (twelve weeks later) only twenty-two were available. Most of the drop-outs were due to the limitations of having data returned by postal service. From this pool of twenty-two, seventeen were selected for a man-for-man matching with the experimental group.

There were seven denominations represented among the control group, who came from eight different states. Ten were in their fourth semester or less of seminary and two were in their ninth quarter. Several of the students from the Southern California School of Theology had had one semester of group psychotherapy. This did not eliminate them since it was an introductory course which was both didactic and somewhat therapeutic and not an intensive group therapy or clinical experience program. There was an age spread of 22 to 42 with a median of 25.

Selection of Cases

The logic of the experimental design dictated that comparisons would be made between an experimental group composed of male, theological, Protestant students who had grown up in the United States and who had one summer of clinical pastoral training in a mental hospital, and a control group of male, theological, Protestant students who had grown up in the United States and who had not had any clinical pastoral training or an equivalent experience, such as intensive psychotherapy. The control group was matched with the experimental pool on the variables of (1) sex, (2) theological student status, (3) Protestant background, (4) national origin. Members were drawn from the two pools until a man-for-man match was made (prior to the testing of the hypotheses) between the experimental and control groups on the following variables:

1. Age--members of the two groups were individually matched so that neither one exceeded the other by more than five years. Six were the same age, four were one year apart, and the rest separated by not more than five years. A sign-ranks test showed a significant difference in ages at the .01 level. The experimental group was older. They had a median of 28; the control group had a median of 25.

2. Intelligence--the Wonderlic Test (78) was used to measure intelligence, and the two groups were matched within ten (score) points of each other on this variable. Nine were four or under; and the remaining were ten or under. By use of the sign and sign-ranks tests, it was determined that there was no significant difference from chance.

Choice of the Wonderlic was determined by: (1) ease of administration; (2) a short time limit (12 minutes); (3) adequate reliability (r. of .88 to .94 on odd-even items on different forms); (4) validity in practical personnel selection and comparison with its parent, the Otis Self-Administering Test of Mental Ability, Higher

Examination (r. of .81 to .87); (5) an adequate ceiling for the graduate students tested; and (6) its name being more disarming than "intelligence scale" or "test of mental ability."

3. Socio-economic status--the father's occupation was the measure chosen to serve as an index of socio-economic status. It was selected because of its very high correlation with other measures or indices of socio-economic status and because the practical considerations of time and money ruled out other measures such as income, family dwelling, etc., which could only be reliably obtained by individual interviews. The scale used to rate the father's occupation was a seven-point one used by Warner, Meeker, and Eells (73). All of the pairs were matched within two ranks; two were the same; twelve were one rank apart; four were two ranks apart. The rankings of the two groups were compared by use of the sign and sign-ranks tests, and no significant difference from chance was found.

4. Nearness to God (Factor I of Religious Attitude Inventory)-this Inventory (7) was used to measure "nearness to God," and the two groups were matched within nine score points of each other on this variable. Fifteen were five or under and the remaining two over five. Both the sign and sign-ranks tests showed that there was no significant difference from chance. In the retesting,

however, there was a trend toward some significance in this factor as indicated by a sign-ranks test so that it may not be an independent variable which is suitable for matching.

This test was used because of the diverse denominations and seminaries represented, and because of the marked imbalance of one denomination in the experimental group.

Summary

The experimental group was composed predominantly of Episcopalian students with more psychological sophistication than the control group. They were several years older than most of the control group students. They did not differ significantly according to the matching variables of intelligence, sex, "nearness to God," or the socio-economic index (see Tables I and II). Neither did they differ significantly (as shown by a sign-ranks test) in their semester standing in seminary education; this, however, was not used as a matching variable. Of passing interest is the fact that more in the experimental group were the first-born in the family. No effort was made to control the variable of marital status.

Determination of "Conservative" and "Liberal" Within Respective Groups

The above and below the median of the Religious

TABLE I

POPULATION CHARACTERISTICS OF EXPERIMENTAL AND CONTROL GROUP
(Data for Man-for-Man Match)

N=17

Pair	Age		I.Q.[1]		S.E.I.[2]		R-A I[3]	
	E	C	E	C	E	C	E	C
a	23	22	31	22	3	4	19	21
b	34	29	32	23	5	4	26	17
c	24	25	21	22	4	5	20	23
d	34	29	23	20	3	5	25	23
e	23	23	34	25	2	3	23	24
f	25	23	33	26	2	4	29	22
g	23	23	17	27	1	2	23	25
h	23	23	27	31	1	2	24	20
i	22	22	24	31	2	1	22	25
j	32	27	22	19	3	4	18	21
k	28	25	27	31	2	4	21	20
l	36	37	28	35	4	3	19	23
m	23	23	31	32	2	2	20	24
n	27	26	31	31	3	2	24	23
o	34	29	33	32	2	1	24	20
p	38	42	26	22	4	2	24	26
q	28	27	28	32	1	1	19	24

[1] Wonderlic Score

[2] Socio-economic Index

[3] Religious-Attitudes Inventory (Factor I)

TABLE II

POPULATION CHARACTERISTICS OF EXPERIMENTAL AND CONTROL GROUPS (Additional Background Data Not Used in Matching)

Pair	Denomination*		Training Center or Seminary		Semester in Seminary	
	E	C	E	C	E	C
a	E	M	Oregon	SCST**	3	1
b	E	DC	"	"	2	4
c	E	M	"	"	2	4
d	AB	M	"	"	4	4
e	E	CB	Patton	Fuller	2	3
f	E	DC	"	SCST	2	2
g	E	M	Metropolitan	"	2	2
h	E	DC	"	Fuller	2	3
i	E	P	"	"	2	3
j	P	FM	Austin	"	5	3
k	E	DC	"	SCST	4	4
l	E	M	"	"	3	9
m	P	P	"	Fuller	3	3
n	E	CC	"	"	4	3
o	E	PB	"	"	1	2
p	E	M	"	SCST	1	2
q	E	M	"	"	4	9

*AB--American Baptist
CB--Conservative Baptist
CC--Church of Christ
DC--Disciples of Christ
E --Episcopal
FM--Free Methodist
M --Methodist
P--Presbyterian
PB--Plymouth Brethren

** Southern California School of Theology

Attitude Inventory, Factor II (conservative-liberal), were taken as the "conservative" and "liberal" students within the experimental and the control groups. One case in the middle was dropped so that there was an N of sixteen (eight for "conservative" and eight for "liberal" within the experimental and the control groups).

Between Respective Groups

All of the cases were ranked according to their initial Factor II score on the Religious Attitude Inventory. The median was taken and those above the median were considered as "conservative" and those below the median as "liberal." Two cases were dropped so that there was an N of 32 (16 "conservative" and 16 "liberal"). Within each arbitrary designation the group was equally divided between experimental and control. The set of cases in each group was the same as above. A spot check showed that the control group had the most "conservative" and the most "liberal," whereas the experimental group was predominantly clustered in-between. As measured by the Religious Attitude Inventory, validity is lent the general assumption that Fuller Theological Seminary and the Southern California School of Theology are "conservative" and "liberal," respectively (see Table III).

TABLE III

SCHEMATIC DIAGRAM SHOWING GROUPINGS OF "CONSERVATIVES" AND "LIBERALS"

Ranking of R-A II Scores		Experimental		Control	
1.		C		C	
2.		C		C	
3.		C		C	
4.		C		C	
5.	I	C	"Conservative"	C	III
6.		C		C	
7.		C		C	
8.		C		C	
9.		(omitted)		(omitted)	
10.		L		L	
11.		L		L	
12.		L		L	
13.		L		L	
14.	II	L	"Liberal"	L	IV
15.		L		L	
16.		L		L	
17.		L		L	

Within Groups: I compared with II; III compared with IV

Between Groups: I compared with III; II compared with IV

The Measuring Instruments

Guiding Considerations

As a result of the 1958 pilot study, it was decided that the test battery would consist of paper and pencil tests which would give an index of conscious changes. Such tests were chosen in preference to projective tests, because changes in students in clinical pastoral education could not be expected to be at the deeper levels of personality within the span of three months. Another reason was that paper and pencil tests are more easily self-administered. A final reason was that within the time limits available for testing subjects, a paper and pencil test battery could be more readily handled.

TAP Social Attitude Battery

This is an adaptation of the Adorno and associates (1) study of authoritarian personality which was made by Boyd (6) in his study of group therapy for the professional training of ministers. There are 44 items which were selected from the Form 60 subscales, E, F, and PEC in the Adorno project, and the author added some items of his own in the area of religious conventionalism. Five projective questions were included. These were part of the test battery in the present study; however, the projective questions were not scored or used in any manner as part of the results. The 44 items could be answered on a -3 to +3 gradient; there were seven choices, including a no response or neutral one. In spite of the lack of reliability and validity studies, it was decided to use the Boyd adaptation because it was specifically designed for theological students. It was used in the present study, as in the Boyd study, as an index of authoritarian attitude.

The Interpersonal Checklist

The Interpersonal System of Personality devised by Leary (48) was employed in the present study. This system is an objective multi-level method of personal and interpersonal assessment. Four levels of behavior are currently studied: Level I, which refers to how a person acts with others (public interpersonal behavior); Level II, which involves private self-description and description of others; Level III, which is concerned with fantasy heroes and "others" and also taps underlying character structure; and Level V, which has to do with a subject's conscious ideal. A set of sixteen interpersonal variables is used to categorize behavior at all levels. These variables refer to motives such as aggressive-sadistic, managerial-autocratic, cooperative-overconventional, and self-effacing-masochistic, which characterize human interaction. These variables are listed in a circular continuum. The circle is conceived as a two-dimensional grid, the center of which is the mean of the normative population. The distance and direction of the subjects' summary score from the center thus reflects the intensity and particular kind of interpersonal behavior.

The instrument used to study the relation of Level II and Level V is the Interpersonal Checklist (ICL). It was specifically designed to fit the interpersonal system of variables. This test consists of 128 items (e.g., manages others, shy, appreciative, resentful, can be frank and honest), with eight items for each of the sixteen interpersonal variables. The subject is instructed to check those items which describe himself and those items which describe an ideal person, and not an admired family member or friend (28:211).

Without detailing the scoring system it is to be noted that the final index is called an "indice of variability." For the purposes of this study, this indice refers to a difference among the levels of personality (between self and ideal). If the "d" score is above 48, then this is defined as "self-rejection"; below 44 is defined as "self-acceptance."

The ICL was selected because (1) it gave an objective index of "self-acceptance," an important aspect of self-actualizing persons; (2) it was easily adapted to self-administering; (3) it attempted to derive the conscious values and ideals. (Admittedly, these are not values at their deepest level, but it does give a picture of how the subject wants us to see his ideals.); (4) for the Level II ("self") of the ICL, there was a reliability correlation of .78 for octants on a sample of obese females who were retested after an interval of two weeks. There was the limitation of no reliability correlation for Level V ("ideal") of the ICL.

The Religious Attitude Inventory

An Inventory of 58 items was developed by Broen (8) in connection with his doctoral dissertation in clinical psychology. The questions could be answered: agree "A" or disagree "D." The items were obtained from literature in the field, various religious leaders, and the author himself. They were divided into eight subareas of: humanitarianism, positive belief and worship, duty and works burden, liberal Christianity, "Thou shalt not's," emphasis on sin, belief in miracles, and fear. There were 24 final subjects who Q sorted the final items. These subjects represented more or less the following "pure" types: (1) stress on sin, shalt not's; (2) need to fill some void, lack specific doctrine; (3) stress on moral and ethical aspects; (4) emphasis on love and glory of God and worship of him; (5) emphasis on being spirit-filled, speaking in tongues; (6) model members (Roman-Catholic and Lutheran). Two basic belief variables had been isolated by a factor-analytic study based on the Q sorts. These variables were designated as "Factor I" (nearness to God) and "Factor II" (conservativism-liberalism). The first is an unipole factor. A high loading of this factor would indicate that such persons felt that God was very real and constantly near and accessible; these persons commune with God; their religiosity consists in emphasizing the Deity's loving presence and guidance rather than His judgment function. The second, a bipolar factor, was only slightly correlated with the first factor. A high loading of Factor II indicates that persons would tend to see man as evil and emphasize his need for and rightful fear of God; on the other extreme of this factor they would see man as containing the potential for good and the tools for actuating this potential; thus having little need for outside intervention in the form of some Deity. Distribution of religious affiliation among the final 24 subjects included seven Disciples of Christ, four Lutheran, and four Pentecostal. Cross-validation studies showed the R-A I to be a valid measuring instrument for all four variables. No reliability studies were reported.

This Inventory was finally chosen in preference to the Gregory Religious Beliefs Scale for two reasons. One, since the pilot study showed no significant change, it was decided to change to a less obvious instrument. To sophisticated theological students, the purpose of the Gregory Scale is transparent. The intent of the Broen Inventory, however, is not so obvious--even to theological students. This change was made with some reluctance in view of the fair reliability reported for the Gregory Scale (23). Two, the deciding reason for changing this instrument was that there needed to be some way of controlling for the variety of denominational affiliations and theological schools represented in the expected experimental and control groups. Since Broen's instrument already had another dimension to it in addition to the conservative-liberal one, it was decided to use this dimension of "nearness to God" or "Factor I" as one of the matching variables. A sign-ranks test of the retest results shows a trend toward some statistical significance so this factor may not be an independent variable.

The Security-Insecurity Inventory

The Security-Insecurity Inventory (50) is a self-administering list of questions whose purpose is to elicit inner conscious feelings of security and insecurity. The questions may be answered "yes," "No," or "?." The items were clinically derived from students known to Maslow and associates as being definitely secure and insecure. Autobiographies were obtained from these students and then while interviewing them, notes were made about specific behavioral and personality characteristics. After several years of this procedure, 349 questions were made up into a preliminary test which underwent two revisions. The preliminary test was given to over 500 college students. Forty-six scored extremely insecure and sixty-six secure; all were interviewed and then an item analysis was made of the 349 questions answered by these two groups; the best 130 questions were selected for the second form of the test. This test was given to over 1,000 students at Brooklyn College and efforts to check the validity of items continued. The final form consists of 75 questions, divided into three groups of 25 each, covering fourteen subsyndromes of insecurity and security.

Validation was made in two ways. One, the students who had taken the test were asked to estimate the validity of the test score by comparing it with their own opinion of themself. Eighty-eight per cent judged it to be extremely accurate or fairly accurate so a high validity for the Inventory was assumed. Two, students who came for psychotherapeutic help usually had insecure scores when they were tested.

A reliability correlation of .84 was obtained after a two-week interval; the split-half reliability for 25 questions was .83 and for 75 questions was .86. An additional reliability correlation of .91 was obtained by a technique of sorting out the pairs of questions measuring each of the fourteen subsyndromes.

The Inventory correlates .68 with the Thurstone Neurotic Inventory; .58 with the Bernreuter (neurotic tendency); .53 with the Allport A-S (ascendance-submission). Scoring is the simple total of all insecurity responses. There is a definite skewing of scores toward the secure end of the continuum which must be taken into account in all statistical manipulations of S-I data.

The S-I Inventory was chosen for the following reasons:

1. Self-administering; thus it is in accordance with the stated experimental design.

2. Its aim is to reveal inner, conscious, secure and insecure feelings. In 12 weeks of clinical pastoral education, only relatively surface, conscious changes were expected, so it was believed that this instrument was well-suited within the limits of the experimental conditions.

3. It has a high reliability, thus definitely meeting the requirements of retesting.

4. Since it is assumed that the given subjects' answers depend on self-knowledge, changes which may be detected by the Inventory can be attributable to changes in self-knowledge or self-awareness.

5. Normative population data was available.

The Method of Gathering Data

The Experimental Group

All the experimental subjects were in groups at their respective training centers while taking the test battery on the test and retest (11 to 12 weeks later). The chaplain-supervisors of each center were the test administrators. They were given a standard set of instructions which is in Appendix B. Anonymity of both experimental and control subjects was maintained by using code numbers which were known only to the students, themselves. On the retest, a letter of appreciation went to the experimental group and they were invited to forward self-addressed envelopes if they wanted an abstract of the completed dissertation. Twenty-five out of the total, original population of 54 have given such envelopes. All data were collected by mail because of the distance of the training centers.

The Control Group

Two different procedures were followed in collecting the data from the local schools of theology. For Fuller Theological Seminary, the entire matter was handled by the professor of pastoral counseling who secured individual volunteers from his classes. The initial test and subsequent retest (12 to 13 weeks later) battery were taken individually. The students of The Southern California

School of Theology were made available through a class of the writer's major professor. The first test administration was done by the writer to the entire group of students at one time. The retest, however, was done individually by students who were entirely on their own. The writer passed out the materials for the retest to the students and gave them verbal directions as well as the written directions in Appendix B. For the retest, the students were on their own. Out of the twenty-nine distributed in person by the writer, a total of twenty-two were returned.

Sampling Error

While some justified criticism of the above diversity of testing conditions, different administrators, and varying procedures can be made, the writer attempted to reduce this factor by having the test-battery consist of self-administering, objective tests. It is known that paper and pencil tests are subject to distortions as discussed in the literature, but since the present study concerns change and not just a cross-section, it was assumed that the distortions would remain more or less constant. It is acknowledged that the population used were the most available and not a random sample. However, an effort was made to minimize such sampling errors as would occur by fulfilling the investigator's scientific obligation, as suggested by Guilford (27), to describe the properties of his group in all aspects that he could conceive as being related to the outcome of the investigation (see Tables I and II), and to use more sensitive statistics (see "Choice of Statistics").

Testing Procedure

Except for the written directions as appearing in the Appendixes, any other directions or instructions given by the various administrators remain unknown. It might be pointed out that three of the four chaplain-supervisors had worked with the writer on the pilot study in the previous year and that the seminary professor was quite sophisticated in testing so it is assumed that they did not knowingly influence responses. The test battery was given in the same order to all subjects: Personal Data Sheet, TAP Social Attitude Battery, ICL (Interpersonal Checklist), Religious-Attitude Inventory, and Security-Insecurity Inventory. For the retest, the Wonderlic was substituted for the Personal Data Sheet. All tests were returned to the writer by mail.

Test Scoring

All tests and inventories were scored in accordance with the instructions accompanying them.

1. For the TAP Social Attitude Battery, the raw scores of +3, +2, +1, 0, -1, -2, -3, were converted to 7, 6, 5, 4, 3, 2, 1, respectively. The sum of

these converted scores equalled the total score on this test for the given subject. There was a possible high of 308. Anyone having such a theoretical score was considered to have an extremely authoritarian attitude.

2. The Interpersonal Checklist scoring procedure was as follows:
   a. Obtained raw scores for each of the eight sectors with the aid of a plastic scoring template. This was done for "self" then for "ideal."
   b. Above raw scores were converted to the raw scores of "D" (dominance), "S" (submission), "L" (love), and "H" (hostility) by the following formulas (48:15);

$$
\begin{aligned}
D &= 0.7\ (BC + NO) + AP \\
S &= 0.7\ (FG + JK) + Hi \\
L &= 0.7\ (JK + NO) + LM \\
H &= 0.7\ (BC + FG) + DE
\end{aligned}
$$

   c. The above scores were subtracted to obtain the raw vertical and horizontal indices:

      Dominance (vertical) = D - S

      Love (horizontal) = L - H

   d. These final, raw "Dom" and "Lov" scores were converted to the standard scores from the manual's tables (48:91). The mean and sigmas for large sample of routine psychiatric clinic admissions are used for the norms at all levels.

e. The above standard scores were entered in the diagnostic booklet and then used to plot the location of the summary point on the diagnostic grid. (The grid is the large circle in the upper left hand corner of page 2 of the diagnostic booklet.)

f. Those summary points outside the one sigma circle were assigned "extreme" diagnostic code numbers and those within are assigned "moderate" diagnostic code numbers. (The center of the circle is equal to the mean of the routine clinic admission sample.)

g. The same procedure was followed for both self (Level II) and ideal (Level V). Thus what was finally obtained was a single diagnostic code number which was "moderate" or "extreme." This single diagnostic code for self and ideal was paired and then compared with one another in the "Table of Weighted Scores for Measuring Discrepancy Between Kind and Amount of Difference Between Levels" (48:96).

h. For the purposes of this study the final "d" (indice of variability) was considered as an index of change in self-acceptance. The manual defined a variability index ("d") between 0 - 44 as "self-acceptance" and a "d" of 48 - 114 as "self-rejection."

i. Also there was a final "D" and "L" score which gives the kind of discrepancy. Though these were not part of the main body in this study, they were included among the findings.

3. Religious-Attitude Inventory had a key provided by the author for both Factor I ("nearness to God") and Factor II ("conservative-liberal"). The scoring procedure was to total the raw scores agreeing with the key for each Factor. The raw scores were considered as the final score.

4. Security-Insecurity Inventory had an accompanying paper template which was placed over each test booklet page; those checks falling within the score circles of the template were counted. This was done for each of the three pages of the Inventory. The total scores were then added and the sum was taken as the final score.

5. The Wonderlic was scored with the aid of the scoring stencil provided by the author. From the number attempted within the twelve-minute time limit, the number incorrect or not attempted was subtracted.

CHAPTER V

THE FINDINGS

Choice of the Statistics

Main Hypotheses: Experimental and Control Groups

In this study, it is predicted that a group of theological students with clinical pastoral education will be significantly less authoritarian, less self-accepting, less conservative, and less secure. Had the sample been considerably larger and the sampling observations independently made, then an appropriate test of these predictions would have been a "t" test, a parametric statistic.

Since these necessary conditions to the use of this test with any degree of confidence were not met in the present study (64), it was decided to use as the main test of hypotheses several non-parametric (distribution-free) statistics. It is recognized that non-parametric methods generally have lower power to detect a real difference as significant.

In spite of the above limitations of sampling method and size of sample, it was decided to go ahead and use a "t" and "$\bar{z}$" test (parametric statistics) in some instances. This was done because, for the most part, the non-parametric tests detected no statistically significant difference. The application of the parametric tests would detect, at least within the sample taken, any real difference as significant.

Since the experimental and control groups were related (i.e. matched man-for-man on a number of variables), the sign test was an appropriate non-parametric test. The null hypotheses tested by the sign test assume that the scores of the two groups on the various instruments arose by random sampling from the same population. If this hypothesis were true, one would expect about half of the differences in paired scores between the two groups to be positive and half negative (64:73). It was postulated, however, that the experimental group would score significantly higher on the self-acceptance and security feelings tests. In either case, a one tailed hypothesis is called for with regard to the use of the sign test on these data.

A second non-parametric test was used to test the hypothesis regarding the experimental vs. control group: the Wilcoxon Matched-Pairs Signed-Ranks Test. This test not only utilizes information about the direction of the differences within pairs, it also considers relative magnitude as well. Thus it is a more powerful test. Null hypothesis of the sign-ranks test is that the sum of the positive ranks equals the sum of the negative ranks.

Again, one tailed hypotheses were stated in the use of the sign-ranks test for the data of the above groups.

In terms of the hypothesis, the sum of the positive ranks of the TAP Social Attitude Battery for the experimental group will be significantly *lower* than the sum of the same ranks for the control group. The same hypothesis was made for the Religious Attitude Inventory (Factor II). However, for the Interpersonal Checklist and the Security-Insecurity Inventory, the alternate hypotheses are that the sum of the positive ranks of the respective tests will be significantly *higher* for the experimental group.

Because of the relative importance of findings in the TAP Battery and the Security-Insecurity Inventory for the research hypothesis that students with clinical pastoral education would tend more toward the self-actualizing direction than the control students, it was decided to use the most powerful parametric test available. For that purpose the "$\bar{z}$" test was chosen (27:186). It is like the small-sample "t" test except that it goes on to compute the standard error of a difference in correlated data. This test is more sensitive to a difference when it is genuine. Therefore, one is more likely to avoid the Type II error of accepting the null hypothesis when, in fact, it is false.

Another parametric test was used for the Interpersonal Checklist and for the Religious Attitude Inventory

(Factor II), the "t" test. While this test is not as powerful as the above "$\overline{z}$" test, it is considerably more powerful than the non-parametric tests. However, no confidence can be placed in conclusions beyond the sample.

In both the "t" test and the "$\overline{z}$" test, the value obtained for difference between correlated pairs of mean would have to reach a certain level determined by the varying degrees of freedom before stating significance at the .05 or .01 levels.

Secondary Hypotheses: "Conservative" and "Liberal" Groups

Statistical comparison of the above groups required the use of a test that detected differences in independent samples. The Mann-Whitney U Test was chosen as being the most appropriate since (1) it exhibits greater power to reject the null hypothesis than the median test by not only using location for each observation, but also the rank value, thus using more of the information in the data, (2) its power efficiency approaches 95 per cent of data which properly could be analyzed by the "t" test, but does not have the restrictive assumptions and requirements associated with the "t" test (64). In this test, the "conservative" and "liberal" scores are ranked algebraically in order of increasing size. The null hypothesis is that the number of "liberal" scores appearing before "conservative" scores will be the same as the number of "conservative" scores appearing before the "liberal" scores. No other tests were applied to these data since it was not considered central to the main body of the research design, rather only a secondary finding to be repeated.

Other tests of difference between theological schools and clinical training centers could have been made for the sake of a more complete report of findings, but such tests were not completed at the time of this writing.

Experimental vs. Control Group Hypotheses

Hypothesis One

This hypothesis states that the experimental group of theological students with clinical pastoral education would show significantly less net change in authoritarian attitudes than the control group. Both non-parametric and parametric statistics were used to determine the findings.

Non-parametric Tests. The sign test of the differences in test and retest between the two groups as matched man-for-man, showed that out of the final N of 10 there were four plus and six minus signs (seven ties reduced the N from 17 to 10) which yielded a probability of .377. This is far from the commonly accepted .05 level for statistical significance so the null hypothesis is upheld. The more powerful sign-ranks test failed to attain the necessary T value for significance at the .025 level of a one tailed hypothesis. Thus the null hypothesis was upheld by both non-parametric statistics (see Tables IV - VIII for all sign and sign-ranks tests).

Parametric Test. The data for this test were subjected to further treatment with a very powerful parametric test in order to determine if within the sample taken no real difference existed. The "$\bar{z}$" test was used in accordance with the following formulas in Guilford (27:185f):

$$(1) \quad \bar{z} = \frac{M_1 - M_2}{\sigma_{dM}}$$

$$M_1 = M_{E_2} - M_{E_1} \qquad M_2 = M_{C_2} \div M_{C_1}$$

$$(2) \quad \sigma_{d_M} = \sqrt{\sigma_{M_1}^2 + \sigma_{M_2}^2 - 2r_{12}\,\sigma_{M_1}\sigma_{M_2}}$$

$$(3) \quad \sigma_M = \frac{\sigma}{\sqrt{N-1}}$$

$$(4) \quad \sigma = \sqrt{\frac{\Sigma x^2}{N}}$$

$$(5) \quad r_{12} = \sigma_{xy} = \frac{\Sigma xy}{N\sigma_x\sigma_y}$$

More detailed steps and figures are given in Appendix D. The obtained "z" score for the TAP data was 1.44. For 17 degrees of freedom a "$\bar{z}$" value of 2.12 was necessary at the .05 level of confidence. The null hypothesis is still upheld, but it is not upheld nearly so much with the use

TABLE IV

SIGN TESTS[1] OF EXPERIMENTAL AND CONTROL GROUPS

	TAP Battery			ICL			R-A II			S-I Inventory		
Pair	E	C	Sign	E	C	Sign	E	C	Sign	E	C	Sign
a	+	-	+	-	0	-	+	+	0	-	-	0
b	-	-	0	-	-	0	-	-	0	-	-	0
c	-	+	-	+	+	0	0	+	-	+	-	+
d	-	-	0	-	0	-	0	-	+	-	-	0
e	-	+	-	+	-	+	-	-	0	+	-	+
f	-	-	0	+	-	+	+	0	+	+	-	+
g	-	+	-	+	+	0	+	+	0	0	-	+
h	+	-	+	0	+	-	+	-	+	-	-	0
i	+	-	+	-	-	0	+	+	0	-	-	0
j	+	+	0	+	-	+	+	-	+	-	+	-
k	-	+	-	0	-	+	+	0	+	+	-	+
l	+	-	+	-	-	0	+	-	+	+	-	+
m	+	+	0	0	+	-	-	0	-	-	-	0
n	0	+	-	+	0	+	-	-	0	+	-	+
o	+	+	0	+	+	0	0	-	+	-	0	-
p	-	-	0	-	+	-	0	0	0	-	-	0
q	-	+	-	-	+	-	+	+	0	+	-	+
	N = 10 Plus = 4 p = .377[1]			N = 11 Plus = 5 p = .500			N = 9 Minus = 2 p = .09			N = 10 Minus = 2 p = .055		

[1] (64:68).

TABLE V

SIGN-RANKS TEST OF TAP SOCIAL ATTITUDE BATTERY SCORES

Pair	E	C	d	Rank	Rank of Less Frequent Sign
a	+17	-19	+36	+15.0	15.0
b	- 1	- 2	+ 1	+ 1.0	1.0
c	-15	+16	-31	12.0	
d	-10	- 6	- 4	2.5	
e	- 3	+24	-27	9.5	
f	- 7	- 3	- 4	2.5	
g	- 9	+30	-39	16.0	
h	+ 8	- 7	+15	+ 6.0	6.0
i	+15	- 9	+24	+ 8.0	
j	+ 3	+ 8	- 5	4.0	
k	-10	+17	-27	9.5	
l	+41	- 4	+45	+17.0	17.0
m	+ 5	+23	-18	7.0	
n	-24	+ 9	-33	13.5	
o	+42	+14	+28	+11.0	11.0
p	-13	- 6	- 7	5.0	
q	-14	+19	-33	13.5	

T = 68.0

(T = 35.0 at .025 level)

TABLE VI

SIGN-RANKS TEST OF INTERPERSONAL CHECKLIST SCORES

Pair	E	C	d	Rank	Rank of Less Frequent Sign
a	-84	0	+ 84	14.0	14.0
b	-18	+ 23	- 41	-10.5	10.5
c	+29	+ 36	- 13	- 4.0	4.0
d	-25	+ 36	- 61	-12.0	12.0
e	+48	+ 44	+ 4	2.0	
f	+68	-127	+195	16.0	
g	+21	- 3	+ 24	7.0	
h	0	+ 97	- 97	-15.0	15.0
i	-39	+ 2	- 41	-10.5	10.5
j	+39	- 40	+ 79	13.0	
k	0	- 37	+ 37	8.5	
l	-23	0	- 23	- 6.0	6.0
m	0	- 37	+ 37	8.5	
n	+21	+ 4	+ 17	5.0	
o	+ 7	0	+ 7	3.0	
p	- 3	- 3	0	----	
q	- 4	- 3	- 1	1.0	

T = 58.0

(T = 30 at .025 level)

TABLE VII

SIGN-RANKS TEST OF RELIGIOUS ATTITUDE INVENTORY SCORES

Pair	E	C	d	Rank	Rank of Less Frequent Sign
a	+ 3	+ 2	+ 1	+ 1.5	
b	- 6	- 4	- 2	- 3.5	3.5
c	0	+ 3	- 3	- 6.0	6.0
d	0	- 4	+ 4	+ 9.5	
e	- 6	- 3	- 3	- 6.0	6.0
f	+ 3	0	+ 3	+ 6.0	
g	+ 1	+ 2	- 1	- 1.5	1.5
h	+ 3	- 4	+ 7	+ 8.5	
i	+ 3	+ 3	---		
j	+ 4	- 3	+ 7	+ 8.5	
k	+ 5	0	+ 5	+12	
l	+ 3	- 8	+11	+15	
m	- 4	0	- 4	- 9.5	9.5
n	- 5	- 1	- 4	- 9.5	9.5
o	0	- 4	+ 4	+ 9.5	
p	0	0	---		
q	+ 3	+ 1	+ 2	3.5	

T = 36.0

(T = 25 at .025 level)

TABLE VIII

SIGN-RANKS TEST OF SECURITY-INSECURITY SCORES

Pair	E	C	d	Rank	Rank of Less Frequent Sign
a	-12	- 9	- 3		
b	- 8	- 5	- 3	- 6.0	6.0
c	+ 1	- 6	+ 7	- 6.0	6.0
d	- 3	- 1	- 2	9.0	
e	+ 5	- 4	+ 9	- 3.5	3.5
f	+ 9	- 2	+11	11.5	
g	0	- 2	+ 2	14.0	
h	- 9	- 8	- 1	3.5	
i	-11	- 3	- 8	- 1.5	1.5
j	- 1	+ 8	- 9	-10.0	10.0
k	+ 6	-10	+16	-11.5	11.5
l	+ 4	- 6	+10	16.0	
m	- 3	- 3	--	13.0	
n	+13	- 2	+15	15.0	
o	- 3	0	- 3	- 6.0	6.0
p	- 1	- 2	+ 1	1.5	
q	+ 1	- 4	+ 5	8.0	

T = 44.5

(T = 30 at .025 level)

of more powerful statistics. There is some justified trend toward the alternative hypothesis that the experimental group shows less net change in authoritarian attitudes.

Hypothesis Two

This hypothesis states that the experimental group will show a less "self-acceptance" or a significantly higher "d" score.

Non-parametric Tests. With the sign test, there was an N of eleven; five were plus and six were minus. This gave a probability of 0.5 or only chance that there was any difference between groups. The sign-ranks test also did not reach significance; thus the null hypothesis was upheld that there was no difference between groups.

Parametric Test. Since the final obtained score, "d," was a standard score, it was amenable to parametric tests. A "t" test was applied. Using the formula (27: 220),

$$t = \frac{Md}{\frac{\sum x^2 d}{N(N-1)}}$$

the derived "t" was 0.3+ (detailed steps are in Appendix D). For 16 degrees of freedom, a "t" of 2.12 is necessary to reach significance at the .05 level. The null hypothesis is very definitely upheld.

Other Empirical Findings

Further statistical analysis of the above data in its vertical ("D") and horizontal ("L") axes with the sign and sign-ranks test showed no significant difference in the "L" axis, but for the "D" axis a .038 level of difference was for a one-tailed hypothesis with the sign test and a .025 level with the sign-ranks test. Thus there is an empirical finding that the groups under observation differ in the "D" axis--i.e., experimental group showed less change in the dominance-submission axis than the control group. The experimental group moved down the dominance axis.

One other empirical result is that the sample of all theological students tested was definitely more self-rejecting than the norm of the psychiatric clinic admission. It will be remembered that Leary operationally defined indice variability scores of 0 to 44 as "self-acceptance" and those from 48 to 114 as "self-rejection." Of all the experimental and control group initial scores, there were 10 with "self-acceptance," and on the retest there were 11. The mean for both test and retest of the experimental group was 74.4; and for the control group 54.5.

Hypothesis Three

This hypothesis stated that there would be more liberal religious attitudes change among the experimental group.

Non-parametric Tests. The sign test rejected the null hypothesis of no change at the .09 level whereas the sign-ranks test upheld the null hypothesis. In the sign test, there was an N of 9 with two being minuses and seven pluses. While .09 level of confidence is not significant in that it failed to reach a .05 level, it does show a trend. A trend, however, that the experimental group shows more movement toward "conservative" religious attitudes. This unexpected result will be covered more thoroughly in the following chapter.

Parametric Test. A "t" test was made using the previously given formula. A "t" of 1.51 was obtained. With 17 degrees of freedom a "t" of 2.110 was necessary for the .05 level of confidence. Clearly this was not reached; however, the obtained result does support the above findings with the sign test that there is a trend toward more "conservative" religious attitudes among experimental subjects.

Other Empirical Findings

Apparently the instrument used does validly discriminate between "conservative" and "liberal" in so far as the common assumption regarding the local seminaries used is correct: 7 out of 8 were from Fuller Theological Seminary in the former group and 8 out of 8 were from The Southern California School of Theology.

Broen (7) called the sum of Factor I and Factor II an index of "general religiosity." The mean of this index for the experimental group test was 41.4 and for the retest, 40.8. For the control group test, it was 39.8, and for the retest, 39.6. A total of 67 could have been obtained on this score.

Hypothesis Four

This hypothesis stated that there would be significantly more insecure feelings among experimental subjects.

Non-parametric tests. With the sign test, there was an N of 10 with two minuses and eight pluses. This gave a probability of .055. The sign-ranks test failed to reach the necessary T value for a .025 level of confidence. Thus the null hypothesis was upheld by one test, but rejected by a more powerful test.

Parametric test. A "z" test was run on the above data according to the formulas previously stated. This test of difference between net changes which took into account the correlation term (covariance between pre- and post-test scores) found that the difference reached way beyond the .01 level of confidence. A "z" of 5.83 was obtained and a "z" of 2.921 was necessary for the .01 level. Thus the experimental group definitely moved toward more insecure feelings. This may appear as an unexpected result, but it will be discussed at length in the next chapter.

Other Empirical Findings

As compared with the mean of 19.5 for all Security-Insecurity scores in the test manual (50), the 12.5 mean of all test subjects is definitely lower. When the means of such groups as a men's college (15.4); a Midwest state university (14.5); and a state college on the West Coast (19.2) are compared with this sample of theological students, there appears to be no significant difference in their security feelings. Possibly this could be extended to include the security feelings of those in the ministry, about whom there has been definite concern recently.

"Conservative" vs. "Liberal" Hypotheses

In addition to testing out the main hypotheses and reporting on various empirical findings, it was considered important that a secondary study of any significant changes of students on the "conservative"-"liberal" continuum be made. Only non-parametric statistics were used for this analysis. The Mann-Whitney U test was used to obtain the following probabilities on one-tailed hypotheses.

Within Groups

When those above the median ("conservative") and those below the median ("liberal") were given the Mann-Whitney U test for each of the tests in order, the following results were obtained for the experimental group:

1.	For TAP Battery (authoritarian)	p = .041
2.	For ICL (self-acceptance)	p = .117
3.	For R-A II (religious attitudes: conservative-liberal)	p = .139
4.	For S-I (security feelings)	p = .019

Thus there seemed to be no significant change between the "conservatives" and "liberals" within the experimental group so far as their self-acceptance or religious attitudes were concerned. As to their authoritarian and security feelings, the "liberals" showed a significant increase in both authoritarian attitudes and insecure feelings in comparison to the "conservatives."

For the control groups, these were the obtained probabilities:

1.	TAP	p = .014
2.	ICL	p = .221
3.	R-A II	p = .08
4.	S-I	p = .025

The above probabilities indicate that the "liberal" students within the control group showed a net change toward more authoritarian attitudes and more insecure feelings. Also there was a trend toward more conservative religious attitudes among the "liberal" students. No difference was observed in self-acceptance between the "liberal" and "conservative" students.

Between Groups

When the scores of those above the median on initial religious attitudes (Factor II) in the experimental group were compared with the like group in the control group, these probabilities were obtained for these independent samples of "conservative" theological students:

1. TAP p = .139
2. ICL p = .164
3. R-A II p = .164
4. S-I p = .052

The most notable difference is that the "conservative" students in the experimental group were significantly more insecure than the "conservative" students in the control group.

Those below the median in the experimental and control groups were compared as above, and these were the results for the "liberal" students:

1. TAP p = .139
2. ICL p = .253
3. R-A II p = *.005*
4. S-I p = .010

The clearest cut result is that "liberal," experimental subjects are much more significantly different (higher R-A II score) than the same group in the control group. Also the experimental subjects show more insecure feelings.

Summary

For the experimental and control groups, one hypothesis reached statistical significance; one showed a trend in the predicted direction; one showed a trend in the opposite direction; and one showed no significance. On the whole, the experimental group very definitely moved *toward* more insecure feelings; it showed trends toward *increased* "conservative" religious attitudes and *decreased* authoritarian attitudes; it did not show any difference at all in "self-acceptance" (discrepancy between self and ideal).

Additional empirical findings include: the theological students are more "self-rejecting" than the norm of a psychiatric clinic admission; in comparison to comparable groups, the theological students seemed more "secure."

With various groupings of "conservative" and "liberal," the following are the main results. Within the experimental group, the "liberals" showed more change toward authoritarian attitudes and insecure feelings. Within the control group, the "liberals" moved toward more authoritarian attitudes, conservative religious attitudes, and insecure feelings.

Between groups, the "conservative" experimental subjects showed more change toward insecure feelings than the same control subjects. The "liberal" experimental subjects very definitely showed a shift toward more conservative religious attitudes, and some additional insecure feelings in comparison to the same control groups.

In fine, there is the over-all impression that the liberal students as a whole showed more changes on these various tests.

CHAPTER VI

DISCUSSION

Design of the Study

Basic to the design is the assumption that in matching the experimental and control groups the only significant way that they differ is with regard to the variable of clinical pastoral education vs. non-clinical pastoral education. Clinical pastoral education was defined as a 12-week program in a mental hospital under the auspices of the Council for Clinical Training.

First, the matching was done according to the variables of (1) sex, (2) Protestant background, (3) being born and reared in the United States, (4) theological student status, (5) no previous clinical pastoral training. A man-for-man match was made between the experimental and control groups on the following variables: (1) age, (2) intelligence, (3) socio-economic status, (4) "nearness to God."

Interpretation of Results of the Experimental vs. Control Groups

Hypothesis One

Though the non-parametric statistics fail to support any change that the experimental group was less authoritarian, such a trend was observed with the more powerful parametric test.

This finding does not support the theoretical proposition that self-understanding in the area of authoritarian attitudes changes significantly after clinical pastoral education. Change occurs, but so did change occur with the theological students. This does not appear to be one of the unique aspects of change after such training.

Hypothesis Two

All three statistical tests did not show any significant difference between the experimental and control groups. With the sign test a P level of .5 and a "t" score of 0.3+ was obtained. Thus the findings are clear-cut in that they do not support the hypothesis.

This is not to say that there was no change, for it will be remembered that as a group all subjects taken together were more self-rejecting than the norm of test population. Within the experimental group there were only two out of seventeen in the test and retest who were self-accepting according to the critical scores given by Leary (53); and within the control group, there were seven on the test and nine on the retest who were self-accepting.

This study focuses on the net difference of change; nevertheless, it is of real interest that there is such an obvious difference initially between the two groups. Since this difference existed prior to the experimental conditions, it is assumed that other factors account for the existence of so many self-rejecting students within the experimental group.

Remembering that such self-rejection is the degree of structural variability between Level II (self) and Level V (ideal), we find that a high score or indice of variability indicates that the subject is more or less consciously aware of a definite gap between the characteristics he attributed to himself and the characteristics he attributed to his ideal. This inference is all the more true because of the nature of the measuring instrument which had the checks for self and ideal in parallel columns thus permitting at a glance direct comparisons.

The obvious difference of more self-rejecting students in the experimental group possibly can be attributed to one of several considerations:

1. Because of relatively more sophistication in psychological matters, the experimental group may have been more "test wise," and put down a more accurate description of themselves and of their ideal.

2. Because of the over-all older age of the

experimental group, there was more felt awareness between self and ideal (i.e., the control group being younger on the whole may have tended toward less discrimination).

This discussion has been extended because of the significance attached to self-acceptance by Leary (54:205). He considered that "self-acceptance," as he defines it, plays a most crucial role in arousing motivation for psychotherapy. Thus in terms of this study, the experimental group might already have been more self-aware in this area and experienced more felt tension within themselves than the control group.

It is one of the main contentions of this study that the usual logic-centered, content emphasis of much theological education makes for less discrimination in matters of self-awareness. However, this does not seem to be true as measured by the Interpersonal Checklist, because there is no significant difference after clinical education. The significant difference in self-acceptance was in the initial population characteristics. Thus it appears that another variable(s) is operating in the differences between experimental and control groups in this area.

Hypothesis Three

Findings support the opposite hypothesis in this area, namely, there is a trend toward more conservative religious attitudes among the experimental group. The Sign Test reached a .09 level of confidence and the "t" score was 1.51, which is in the direction of a 15 per cent level of confidence or 15 chances out of 100 that the difference between experimental and control group could have been obtained.

This shift of religious attitudes in the opposite direction can be accounted for by the following observations:

1. The clinical education program inherently arouses anxiety and often leads to defensive behavior. As noted by Strunk (69), some subjects who in clinical education have superior empathic ability, reacted defensively instead of allowing it to become a phenomenon of identification, sharing, or participating.

2. Because of being unable to participate on a more personal level, many students became theologically defensive. Retreat to an "orthodox shell" can be considered defensive, because what often happens after clinical education is that the student will spend his time in the classrooms defending psychiatry (12).

3. The purpose of clinical education is not in the area of religious beliefs and attitudes; whereas the purpose of academic education of ministers is the further articulation and refinement of beliefs--thus the expectancy of the two programs differ. Religious beliefs is one of

those areas in some clinical pastoral education programs which the student can "hang onto" and not be so openly challenged, whereas the very nature of most classrooms is to "dig behind" one's beliefs.

Hypothesis Four

Clear-cut results were obtained for this hypothesis that the experimental group definitely moved toward more insecure feelings as reflected on the conscious level. The Sign Test had a P of .055 and the "z" score was way beyond the .01 level or one chance out of a hundred that there could have been the obtained difference between the two groups.

Though this may appear to be an unexpected result, it is in accordance with expectation that clinical education results in heightening "awareness." This finding is considered to be at the first level of insight as defined by Wise: "awareness that something is wrong" (76:121). To spend three months in a situation where all those around you are constantly preoccupied with the problems of those caught in the toils of emotional travail is to find that you have concerns hitherto unsuspected (12).

Strunk states the case quite succinctly: "Due to the supervisor's expertness in interpersonal relations, the subjects found themselves bound up in a relationship from which they could not escape or manipulate. With the failure of their usual defenses the anxiety which accompanies greater self-awareness was intensified" (69). Thus it appears that the one clear-cut index of changes in students with clinical pastoral education is in the area of insecure feelings.

Interpretation of Results of the "Conservative" vs. "Liberal" Groups

The hypothesis regarding these groups was that there would be no significant difference between them on the various tests. The main finding is that the "liberal" students showed most of the significant changes.

Within the experimental and the control groups, the "liberal" students showed more net change toward an increase of authoritarian attitudes and insecure feelings. Between groups the "liberal," experimental students showed marked changes in religious attitudes and security feelings.

The various changes among the "liberal" students can probably be attributed to a more labile and flexible personality make-up among such students. It was noted in Dodson's study (21) that the conservatives were more authoritarian than the liberals. "Over-rigidity" is one of the terms used by Adorno (1) in describing the authoritarian personality.

Empirical Findings and Model of Self-Actualizing Student

Only one of the empirical findings obviously tie in more closely with the hypothetical model of the self-actualizing student, and this is only a trend: authoritarian attitudes. This relates to the democratic structure aspect of the self-actualizing student.

The finding regarding the experimental group's moving toward more "conservative" religious attitudes is difficult to discuss. At this time, the only light available to the writer is that the students used their theology defensively as previously mentioned by Bruder. This finding does not seem to support the self-actualizing model. Possibly, this change in religious views correlates with the third finding of this study.

The third finding is that the students in clinical pastoral education experience a significant shift toward insecure feelings. This finding seems to contradict the self-actualizing student model. And indeed it does, if such were taken at face value, for Maslow has observed that the high scorers on his Security-Insecurity Inventory tend to be those with less efficient perception of reality (51:204). But in view of a probability that the resulting changes in self-awareness do not "set in" until some time has elapsed (assuming student responses to questionnaires are accurate), there remains the possibility that the final outcome is one of more efficient perception of reality if such felt insecurity is thought of in terms of "the therapeutic value of anxiety."

There is one additional comment about the finding of increased feelings of insecurity. As discussed originally under the heading of "Hypotheses," this was an expected finding. The awareness of a problem, of insecure feelings, is at the first level of insight and self-awareness.

There was not empirical verification of the hypothesis about self-acceptance, thus it appears that those with or without clinical pastoral education are not significantly different in feeling "bad" about discrepancies between what is and what might very well be.

Only the findings about the less authoritarian attitudes and more insecure feelings support the hypothetical model of the self-actualizing student.

Limitations of the Study

The Population Studied

Only a small sample of students was used in this study as discussed in Chapter IV. While within the sample there was a fair spread in age, intelligence, socioeconomic index, and geographical areas, there was a very definite skewing of the experimental group toward one Protestant denomination (Episcopalian). Also there was a conspicuous lack of the same denomination in the control group. Though there was an attempt to control for this religious variable, it is not considered to have been done with a high degree of confidence. The Factor I used for this control showed a shift toward some significant difference in the retest data.

Possibly the fact that over half of the control group had a form of group therapy may have introduced another uncontrolled variable. Originally it was assumed that the group therapy given was not at a sufficiently intensive level to make a significant difference.

All generalizations, therefore, from this study must be made with considerable caution. This limitation, however, is not considered to be detrimental to the exploratory, empirical, investigational purpose of the study of purported changes in self-awareness as the result of clinical education. Nevertheless, further investigation would appear to be in order with a more carefully matched sample of theological students in order to obtain findings for wider generalization.

It was assumed that whatever effort there was to place oneself in a good light would remain a relatively constant factor for the test and retest. This may be an entirely erroneous assumption so that projective test or tests which are less obvious may be needed to obtain an index of self-awareness changes.

Sampling Procedure

In addition to the small sample, another important limitation is the method for collecting data. There were eight different test administrators in addition to half of the control group's taking the retest completely on their own. Since the purpose of the study was to obtain an index of self-awareness, possibly there were excessive, extraneous factors entering into the determination of that self-awareness under such a wide variety of conditions. Had the sample been larger, this would have been a matter of less consideration; however, since the sample was marginal in size, numerous, small sampling errors could have a large effect.

Time Lag

Possibly significant changes were set into motion by the clinical education, but had not yet reached a level of significant awareness by the end of the three-month period. It will be remembered that Bruder and Barb (14) reported on students with clinical pastoral education from one to ten years after they had completed it.

Nature of the Changes Studied

While one clear-cut index of change was obtained, possibly others could have been obtained had there been a more adequate definition of just what was meant by "a change in self-awareness." The writer can imagine that to the student with clinical education this phrase could mean simply an increase of anxiety tolerance, familiarity with the mental hospital setting, or real awareness of this inner self.

Limitations of the Instruments Used

In addition to the above, a fifth limitation of this study is in the measuring instruments. Possibly these paper and pencil tests were too gross to detect subtle changes in self-awareness or self-understanding, though in the area of insecure feelings an obvious difference occurred. The Religious-Attitude Inventory was subject to various criticisms by these theological students whose primary comment was that many of the items were ambiguous and thus could not be answered with a definite "agree" or "disagree." Possibly the use of the Gustafson Scale of Religious Beliefs, which gives a choice of both kind and degree of agreement or disagreement would have been the preferable instrument after all. Finally, self-acceptance as defined by the Interpersonal Checklist may need to be replaced, used with other collaborating data, or be analyzed more intensively.

Implications and Research Suggestions

Practical Implications of This Study

Though there were a variety of important limitations of this study, within those confines one index of significant self-awareness change was obtained on the conscious level. Trends were observed in two other areas. The combination of these findings indicate empirical verification of self-awareness changes in terms of security feelings, authoritarian attitudes, and religious views occurring in students with clinical pastoral training.

These findings do not reach the level of the hypothetical model of the self-actualizing theological student. It could not be said, therefore, that so far as the notion of a self-actualizing student is concerned, a case had been made for including some form of clinical pastoral education within the seminary curriculum.

The main practical implication of this study is that there be continued research in this area. Future research may or may not uphold the assumption that clinical pastoral education significantly promotes the development of self-actualizing students. If it is upheld, then some of the following points may be taken into serious consideration:

1. Some provision be made within the course of seminary education to explicitly and formally provide those conditions and experiences which aid in the development of the "self-educating," "self-actualizing," "active," "good" student. There are various means or settings for so doing, but the point is to make it an integral part

rather than an "intruder."

2. Some provision be made for the analysis of operations and processes as well as content, cf. Hiltner's distinction between the logic-centered and function-centered branches of theology (33:20).

3. Some provision be made for every student to have a general clinical training program, as expressed by Ernest C. Colwell at the National Conference in Clinical Pastoral Training in 1945 (31:133).

Implications for Further Research

Further research is definitely needed beyond this initial, exploratory effort to study empirically self-awareness, for there are obvious limitations of sample size, instruments used, and sampling procedure and time lag.

1. Future research in this area might begin with a more careful definition of "self-awareness." A questionnaire of multiple choices and open-ended items might be used to determine what is meant by this term for both students and supervisors.

2. Another research might undertake to discover the changes over a longer period of time. As has been indicated, changes in self-awareness may not "take" until after a time lag.

3. On a rather large scale, data on ministers

with and without clinical pastoral training could be compared. Ideally, this might be done by comparing the graduates of a seminary which makes such training a graduation requirement with a comparable seminary that has no such requirement.

4. Other instruments and projective devices could be used in any of the above total assessment programs. Its model might be the Stern studies of the "good" and "poor" student.

5. Programs under other auspices and in other institutional settings (general hospitals and prisons) could be researched in an effort to discover the peculiar aspects of self-awareness in each setting.

6. Perhaps the most practical and ideal of all future research designs would be to have an assessment team intensively and extensively consider for one year, students from one seminary who do take clinical pastoral training at one training center. The control group would be made up of not only other theological students but other graduate students as well. The model might be Boyd's study which used anthropological observation, interviews, process observing, as well as projective tests.

CHAPTER VII

SUMMARY AND CONCLUSIONS

Problem and Its Background

This study was undertaken for the purpose of discovering some of the changes that occur in theological students with clinical pastoral education. The historical background of this movement shows that it is consonant with important aims of seminary education, and that it is more especially related at the point of deeper self-understanding and self-motivation of the student. A review of the literature indicates that ministerial students may tend to be somewhat less aware of themselves as compared to the general population, and that there have been various assertions that changes in self-awareness occur as the result of clinical pastoral education. Empirical studies of this type of education have not given any results for the comparable significance of such changes nor a more careful specification of what is meant by self-awareness changes.

A suggested seminary curriculum with four categories was presented. Among the categories was the development of self-actualizing students. A hypothetical model of a self-actualizing student was formulated. Four hypotheses were then stated. They were based on the hypothetical model and clinical observations of changes in students. The hypotheses were to distinguish those male theological Protestant students with clinical pastoral education from a control group of male theological Protestant students who had no clinical pastoral education but did have seminary education during a comparable period. The hypotheses were that students with clinical pastoral education would show less net change of authoritarian attitudes, less self-acceptance, more liberal religious views, and less secure feelings than the control students. The hypotheses about less self-acceptance and more insecure feelings seem contradictory to the self-actualizing student, but the writer conceived them as pre-conditions or steps toward a self-actualizing student. It was also stated that there would be no significant difference between and within "liberal" and "conservative" groups in the above four respects.

Methodology.

A man-for-man match was made of seventeen theological students from four different clinical pastoral education centers in western United States with another group of seventeen theological students from two Southern

California seminaries. They were matched on the variables of age, theological student status, Protestant background, sex, nationality, intelligence, socio-economic status, a "nearness to God" factor, and no previous clinical pastoral education (or equivalents such as intensive psychotherapy). Various test administrators tested the subjects in groups or individually; some of the testing was strictly self-administered. The testing was done at the beginning and the close of the 12-week clinical pastoral education period, and at a comparable period of time in seminary education. The following instruments were used: personal data sheet; TAP Social Attitude Battery (authoritarian attitudes); Interpersonal Checklist (self-acceptance); Religious Attitude Inventory (conservative-liberal); and Security-Insecurity Inventory.

Results

Between the experimental group and control group, the students with clinical pastoral education were found to show:

1. A trend toward being less authoritarian than the control group as measured by the TAP Social Attitude Battery.

2. No significant difference in self-acceptance as measured by the Interpersonal Checklist.

3. A trend toward being more conservative than the

control group as shown by the R-A Inventory.

4. A significant finding of being more insecure than the control group as measured by the Security-Insecurity Inventory.

For the "conservative" and "liberal" groups the following results were obtained:

Within groups (Experimental and Control)

1. "Liberal" showed significantly more net change on both authoritarian attitude and secure feelings as measured by the TAP Social Attitude Battery and Security-Insecurity Inventory.

2. The groups showed no significant difference on self-acceptance or religious views as measured by the Interpersonal Checklist and Religious Attitude Inventory.

Between groups

1. Experimental group showed a significant net increase of insecure feelings.

2. None of the other measures taken reflected any significant change except one: the experimental liberal group showed a significant net increase of conservative religious attitudes in comparison to the control liberal group.

Conclusions

Within the limitations of this study, the findings seem to show that seminary students with clinical pastoral education definitely shift toward more insecure feelings; probably move toward less authoritarian and more conservative religious views; but have no change in self-acceptance. These findings suggest that "self-awareness" as an aspect of the "self-actualizing" student occurs in clinical pastoral education. It does not seem to have occurred so far as there was a shift toward more conservative religious views and more insecure feelings, but these may be pre-conditions of heightened self-awareness which may have results more consonant with the reported opinions of students after a time lapse. Except for less authoritarian attitudes and less secure feelings, changes in the experimental group do not reach the level of the hypothetical model of the self-actualizing student.

Also the findings indicated that there were more shifts on the tests for the "liberal" students in comparison to the "conservative" students. Taken together, all students designated as "liberal" within groups showed a significant net increase in insecure feelings and authoritarian attitudes. This may indicate a more labile make-up of the "liberal" students' personality. For between groups, there also was a marked shift toward insecure feelings for the "liberal" students; the most clear-cut change between groups was that the experimental "liberal" students increased in conservative religious attitudes in comparison to the control "liberal" students.

The practical implication of this exploratory study is that there be continued research. Such future research may definitely determine if the clinical pastoral education type of program significantly moves students in a self-actualizing direction. If such a view is upheld, then the seminary curriculum might (1) integrate the clinical education type of program with the entire curriculum; (2) consider the analysis of operations as well as content; and (3) have such education for every student rather than for a specialized few.

Several research suggestions were made: (1) other exploratory studies determining a more careful definition of "self-awareness" and if there is a "time lag" consideration; (2) confirmation research which takes into account any "time lag" by obtaining a sample of graduates from a seminary with and without clinical pastoral training; (3) research with other measuring instruments, other settings, or other auspices; and, finally, (4) an ideal research model was suggested which would totally assess the student over a period of time.

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APPENDIX A

STANDARDS FOR CLINICAL PASTORAL EDUCATION

STANDARDS FOR CLINICAL PASTORAL EDUCATION

THE NATIONAL CONFERENCE ON CLINICAL PASTORAL TRAINING, OCTOBER 13, 1953

I. DEFINITION OF CLINICAL PASTORAL EDUCATION

Clinical pastoral education is an opportunity for a theological student or pastor to learn Pastoral Care through interpersonal relations in an appropriate center, such as a hospital, correctional institution or other clinical situation, where an integrated program of theory and practice is individually supervised by a qualified Chaplain-Supervisor, with the collaboration of an interprofessional staff.

II. QUALIFICATIONS OF THE CHAPLAIN SUPERVISOR

1. Graduation from an accredited theological school, upon the completion of a three year graduate course beyond the Bachelor's degree or its equivalent.

2. Ordination, an adequate period of pastoral experience, and denominational approval.

3. At least one year full-time of clinical pastoral education, and in addition three months of supervised clinical teaching.

4. Professional competence including graduate studies, past experience and demonstrated performance. Graduate degrees in appropriate fields with clinical orientation are recommended and may be evaluated as follows: Six months' credit toward clinical education may be given for an appropriate Doctor's degree. Three months' credit may be given for an appropriate Master's degree.

5. Personal qualifications to be appraised by the accrediting committee in a face-to-face interview.

III. REQUIREMENTS FOR THE CLINICAL TRAINING CENTER

1. A chaplaincy service which is well established and recognized as a functioning part of the center, with a Chaplain accredited as a Supervisor. (See II)

2. A progressive institution, oriented toward therapy or rehabilitation, serving an adequate number of patients or inmates accessible to the Chaplain's program, maintaining an interprofessional staff available for continuous teaching of theological students.

    a. General appreciation within the institution of the role of a chaplain, recognition of theological students as functioning members of the Chaplain's Department and adequate opportunity for them to work in significant and appropriate clinical tasks.

    b. An alert and cooperative administration and staff, who will be ready to assume responsibility for implementing the clinical program.

3. Maintenance would be provided for students in training, or such provisions as may be comparable to the internship programs of other professional groups in the institution.

IV. MINIMUM ESSENTIALS OF CLINICAL PASTORAL EDUCATION

1. A supervised practicum in interpersonal relations.

2. Writing of clinical notes for consultation with the Chaplain-Supervisor.

3. A continuing evaluation of the student's experience and growth to be offered during the training period.

4. Frequent association with an interprofessional staff who are genuinely interested and qualified to teach students.

5. Adequate provision for group discussions, seminars, and other group experience for all students.

6. A continuing concern for an integration of psychological, ethical and theological theory with practical understanding of the dynamics of personality and facility in interpersonal relations.

7. A written evaluation of his experience to be made by the student to his Chaplain-Supervisor at the end of the training period.

8. A final summary evaluation of the student's work and capacities to be written at the end of the training period by the Chaplain-Supervisor, discussed with the student and, with his knowledge, made available to the appropriate responsible parties.

V. MINIMUM PROGRAM RECOMMENDED FOR CLINICAL PASTORAL EDUCATION

1. For the theological student who is preparing for parish ministry:

   a. An introductory course to clinical pastoral care during the entire academic year, with one day per week at an accredited center and under the direction of an accredited Chaplain-Supervisor who is a functioning member of the staff of the center; and/or

   b. Clinical pastoral education for twelve weeks, full-time.

2. For the student who is seeking a Master's degree in pastoral care, at least six months' clinical pastoral education, full time.

3. For the advanced student preparing for the teaching of pastoral theology and pastoral care, an appropriate Doctor's degree with at least nine months, full time, of clinical pastoral education, and in addition, three months of supervised teaching of pastoral care.

VI. SPECIAL RECOMMENDATIONS

1. For pastors and other religious workers seeking additional training.

    a. Full time participation in clinical pastoral education for six to twelve weeks is recommended.

    b. Where this is not possible participation in orientation programs at an accredited center is recommended.

2. For chaplains serving full time, at least twelve months of full-time clinical pastoral education is recommended, six months of which to be in the type of institution which he serves. Where this standard has not yet been attained, institutional administrators are encouraged to release their chaplains periodically for the necessary training.

APPENDIX B

DIRECTIONS FOR TEST ADMINISTRATIONS

DIRECTIONS FOR ADMINISTERING TEST BATTERY

(Initial Test of Experimental Group)

A. GENERAL INFORMATION (To Chaplain-Supervisors)

1. Purpose of this research project is to study empirically changes in students as the result of one summer of clinical pastoral education. (You can announce this to the students.)

2. An abstract of the completed research write-up will be sent to each student who gives a stamped, self-addressed envelope (about July 1960).

3. Participating students will remain anonymous by the use of code numbers (see below).

4. The entire test battery is to be given at the beginning and the end of the summer to all students.

5. Give the test battery to the group.

6. Administer test battery in the following order: 1st: TAP Social Attitude Battery, 2nd: Interpersonal Check List, 3rd: R-A Inventory, 4th: S-I Inventory.

7. Allow a total of 1 and ½ hours for entire test battery.

B. SPECIFIC STEPS

1. Distribute all materials to the group.

2. Have them sign the back of the 3 x 5 card attached to each set of materials. This is their code number which they are to use on each test and at the end of the summer.

3. Have them put their code number on each test.
4. Have each man pin the 3 x 5 card on himself or put it some place where the code number is visible to the others.
5. Have them do each test in the above, indicated order. Directions for each test are self-explanatory.
6. Go over the directions for the Interpersonal Check List.
7. Have them do the tests (1 to 1½ hours).
8. When students are through have them place all test materials in the large, manila envelope provided.
9. Have them place 3 x 5 cards in the separate, white envelope provided. (Retain this envelope in your possession so that students will have a record of their code number at the end of the summer.)
10. Mail large, manila envelope to me.

DIRECTIONS FOR THE SECOND ADMINISTRATION OF TEST BATTERY TO CLINICAL PASTORAL EDUCATION STUDENTS

(Retest of Experimental Group)

A. GENERAL INFORMATION

1. Purpose of this research project is to study empirically changes in students as the result of one summer of clinical pastoral education.
2. An abstract of the completed research write-up will be sent to each student who leaves a stamped, self-addressed envelope (about July, 1960).
3. Participating students will remain anonymous by the use of code numbers.
4. Administer test battery in the following order: 1st: Wonderlic Personnel Test, 2nd: TAP Social Attitude Battery, 3rd: Interpersonal Check List, 4th: R-A Inventory, 5th: S-I Inventory.
5. Allow a total of 1 - 1½ hours for the entire test battery. (Please try to do battery at one sitting.)

NOTE: Interpersonal Check List is Only for "self" and "ideal."

B. SPECIFIC STEPS

1. Distribute and do Wonderlic test. Time for 12 minutes then please collect all tests.
2. Distribute all other materials to the group.
3. Call their attention to the fact that the Interpersonal Check List is only for "self" and "ideal."
4. Have them do all tests (1 hour).

5. When students are through, they are to place all test materials in the large, manila envelope provided.

6. Mail large, manila envelope to me.

DIRECTIONS FOR ADMINISTERING TEST BATTERY TO THEOLOGICAL STUDENTS

(Initial Test of Control Group)

A. GENERAL INFORMATION

1. Purpose of this research project is to study empirically changes in students with one summer of clinical pastoral education as compared with students without such education or any equivalent.

2. An abstract of the completed research write-up will be sent to each student who leaves a stamped, self-addressed envelope (about July, 1960).

3. All participating students will remain anonymous by the use of code numbers.

4. Administration of test battery is to be in the following order: information sheet, TAP Social Attitude Battery, Interpersonal Check List, R-A Inventory, and S-I Inventory.

5. Allow about 1 hour for the entire test battery. (Please try to have all participants do the battery at one sitting.)

B. SPECIFIC STEPS

1. Distribute all materials to the group.

2. Have them sign the back of the 3 x 5 card attached to each set of materials. (This is their code number which they are to use again at the end of the semester.)

3. Have them do each test in the above order. Directions are considered to be self-explanatory (however, go over the directions briefly if necessary).

4. Go over the directions for the Interpersonal Check List (see special instruction sheet attached to Check List).

5. Do tests (1 to 1½ hours).

6. When students are through have them place all test materials in the large, manila envelope provided.

7. Have them place 3 x 5 cards in the separate, white envelope provided (retain this envelope in your possession so that students will have a record of their code number at the end of the semester).

8. Mail large, manila envelope to me.

DIRECTIONS TO STUDENTS RETAKING TEST BATTERY

(Control group, Southern California School of Theology)

1. Time is of the ESSENCE. Please do the test battery within TWO WEEKS.

2. If you would like an abstract of the dissertation, then please enclose a stamped, self-addressed envelope (about July, 1960).

3. Please notice that the Wonderlic Personnel Test is a 12-minute timed test. If you run over the allotted 12 minutes, then note down the total time on the front of the test.

4. PLEASE DO ALL TESTS at one sitting (about 45 minutes).

5. After completion, please put all materials (except 3 x 5 cards) in manila envelope provided and mail PROMPTLY to me.

YOUR HELP IN THIS NATION-WIDE PROJECT IS VITAL AND VERY DEEPLY APPRECIATED.

APPENDIX C

UNPUBLISHED TEST MATERIALS

RELIGIOUS-ATTITUDE INVENTORY

By William E. Broen, Jr.

(Used by permission)

Code number ________

Directions: Circle the A if you agree with a statement, circle the D if you disagree with the statement. Make a choice for each statement. (We have found that people are able to answer all the items.) Do not spend too much time on any one statement. In borderline cases, circle the one closest to your view.

A D 1. God is constantly with us.
A D 2. Christ died for sinners.
A D 3. The Ten Commandments were good for people of olden times, but are really not applicable to modern life.
A D 4. There is really no such a place as Hell.
A D 5. Miracles are performed by the power of God even today.
A D 6. It is through the righteousness of Jesus Christ and not because of our own works that we are made righteous before God.
A D 7. Dancing is a sin.
A D 8. Christ's simple message of concern for your fellow man has been twisted by the superstitious mysticism of such men as Paul.
A D 9. God can be approached directly by all believers.
A D 10. The death of Christ on the cross was necessary to blot out man's sin and make him acceptable in the eyes of God.
A D 11. It was too bad that Christ died so young or He could have been a greater power for good.
A D 12. "God" is an abstract concept roughly equivalent to the concept "nature."
A D 13. God exists in all of us.
A D 14. Man is born in sin.
A D 15. The wearing of fashionable dress and worldly adornment should be discontinued because it tends to gratify and encourage pride.

A D 16. Man's essential nature is good.
A D 17. I am sometimes very conscious of the presence of God.
A D 18. Man is be nature sinful and unclean.
A D 19. All public places of amusement should be closed on Sunday.
A D 20. The stories of the miracles in the Bible are like the parables in that they have some deeper meaning or moral but are not to be taken literally.
A D 21. God is very real to me.
A D 22. The Bible is the Word of God and must be believed in its entirety.
A D 23. I believe in God but I am not sure what I believe about Him.
A D 24. Man has a spark of the divine in him which must be made to blossom more fully.
A D 25. When in doubt it's best to stop and ask God what to do.
A D 26. Sin brings forth the wrath of God.
A D 27. A person should follow his own conscience in deciding right and wrong.
A D 28. The most important idea in religion is the golden rule.
A D 29. God should be asked about all important matters.
A D 30. The wrath of God is a terrible thing.
A D 31. It is more important to love your neighbor than to keep the Ten Commandments.
A D 32. The Scriptures should be interpreted with the constant exercise of reason.
A D 33. Because of His presence we can know that God exists.
A D 34. Everyone will be called before God at the judgement day to answer for his sins.
A D 35. Man's idea of God is quite vague.
A D 36. Reason is not depraved and untrustworthy for then the natural foundations of religion which rest upon it, would fall.
A D 37. Miracles are sometimes performed by persons in close communion with God.
A D 38. Everyone has sinned and deserves punishment for his sins.
A D 39. The church is important because it is an effective agency for organizing the social life of a community.
A D 40. My faith in God is complete "though He slay me yet will I trust Him."

A D 41. No one should question the authority of the Bible.

A D 42. The content of various doctrines is unimportant. What really matters is that they help those who believe in them to lead better lives.

A D 43. When the Scriptures are interpreted with reason they will be found to be consistent with themselves and with nature.

A D 44. Because of his terrible sinfulness, man has been eternally damned unless he accepts Christ as his saviour.

A D 45. Religion is a search for understanding, truth, love, and beauty in human life.

A D 46. True love of God is shown in obedience to His moral laws.

A D 47. Every person born into this world deserves God's wrath and damnation.

A D 48. If we live as pure lives as we can, God will forgive our sins.

A D 49. The world is full of condemned sinners.

A D 50. Persons who are in close contact with the Holy Spirit can, and do at times speak in unknown tongues.

A D 51. The Devil can enter a man's body and take control

A D 52. The people of the world must repent before it is too late and they find themselves in Hell.

A D 53. No one who has experienced God like I have could doubt His existence.

A D 54. The Christian must lead a strict life, away from worldly amusements.

A D 55. In his natural state of sin, man is too evil to communicate with God.

A D 56. Christ was not divine but his teachings and the example set by his life are invaluable.

A D 57. The question of Christ's divinity is unimportant, it is his teachings that matter.

A D 58. God is the final judge of our behaviour but I do not believe that He is as punishing as some seem to say He is.

COMMENTS:

TAP SOCIAL ATTITUDE BATTERY

By Richard W. Boyd

(Used by permission)

Code Number ______ Date_______ Seminary______________

This is a study of what the general public thinks about a number of social questions. The best answer to each statement below is your personal opinion. We have tried to cover many different points of view. You may find yourself agreeing strongly with some of the statements, disagreeing just as strongly with others, and perhaps uncertain about others. Whether you agree or disagree with any statement, you can be sure that many other people feel the same way that you do.

Mark each statement in the left margin according to how much you agree or disagree with it. Please mark every one. Write in +1, +2, +3, or -1, -2, -3; depending on how you feel in each case.

+1:	I AGREE A LITTLE	-1:	I DISAGREE A LITTLE
+2:	I AGREE PRETTY MUCH	-2:	I DISAGREE PRETTY MUCH
+3:	I AGREE VERY MUCH	-3:	I DISAGREE VERY MUCH

____1. What the youth needs most is strict discipline, rugged determination, and the will to work and fight for family and country.

____2. Every explanation of man and the world is incomplete unless it takes account of God's will.

____3. It is up to the government to make sure that every one has a secure job and a good standard of living.

____4. Nowadays when so many different kinds of people mix together so much, a person has to protect himself especially carefully against catching an infection or disease from them.

____5. Life would hardly be worth living without the promise of immortality and life after death.

____6. Young people sometimes get rebellious ideas, but as they grow up they ought to get over them and settle down.

____7. Christianity and all other religions are, at best, only partly true.

____8. In times of personal grief, such as the death of a loved one, prayer is the greatest source of comfort.

____9. Sex crimes, such as rape and attack on children, deserve more than imprisonment; such criminals ought to be publicly whipped or worse.

___10. Men like Henry Ford or J. P. Morgan, who overcame all competition on the road to success, are models for all young people to admire and imitate.

___11. Man can solve all his important problems without help from a Supreme Being.

___12. People can be divided into two distinct classes: the weak and the strong.

___13. Every person should have complete faith in a Supreme Being whose rules he obeys without question.

___14. Nowadays more and more people are prying into matters that should remain personal and private.

___15. Many events in human history took place only because a Supreme Being stepped in to make them happen.

___16. The government should own and operate all public utilities (railroads, gas and electricity, etc.).

___17. Most of our social problems would be solved if we could somehow get rid of the immoral, crooked and feebleminded people.

___18. Every person needs the church -- a place where he can go for prayer, moral uplifting, and a feeling of security.

___19. If people would talk less and work more, everybody would be better off.

___20. The Bible contains many magical and superstitious beliefs.

___21. In general, full economic security is bad; most men wouldn't work if they didn't need the money for eating and living.

___22. The best teacher or boss is the one who tells us just exactly what is to be done and how to go about it.

___23. The fate of civilization depends on the strength and ability of the church.

___24. No sane, normal, decent person should ever think of hurting a close friend or relation.

___25. The only way to do away with poverty is to make basic changes in our political and economic system.
___26. In addition to faith we need help from God in order to resist temptation.
___27. When a person has a problem or worry, it is best for him not to think about it, but to keep busy with more cheerful things.
___28. We need some free time to relax, but it is good hard work that makes life interesting and worthwhile.
___29. Heaven and Hell are products of man's imagination, and do not actually exist.
___30. Negroes have their rights, but it is best to keep them in their own districts and schools, and to prevent too much contact with Whites.
___31. Some equality in marriage is a good thing, but by and large the husband ought to have the main say-so in family matters.
___32. One trouble with Jewish business men is that they stick together and prevent other people from having a fair chance in competition.
___33. There should be some upper limit, such as $50,000 per year, on how much any person can earn.
___34. If children are told much about sex, they are likely to go too far in experimenting with it.
___35. The worst danger to really Americanism during the last 50 years has come from foreign ideas and agitators.
___36. Women who want to remove the word "obey" from the marriage service don't understand what it means to be a wife.
___37. Strong labor unions are necessary if the working man is to get greater security and a better standard of living.
___38. It would be a mistake ever to have Negroes for foremen and leaders over Whites.
___39. A man who doesn't provide well for his family ought to consider himself a failure as husband and father.
___40. I can hardly imagine myself marrying a Jew.
___41. At this time, powerful "big business" is a greater danger than powerful "big unions" to our national welfare.
___42. A child should never be allowed to talk back to his parents, or else he will lose respect for them.

___43. Religious sects that do not believe in saluting the flag should be forced to carry out this patriotic action or else be abolished.

___44. The facts on crime and sexual immorality show that we will have to crack down harder on young people if we are going to save our moral standards.

The following questions give you a chance to express your ideas and opinions in your own way. Please answer them all as fully as possible.

1. What do you consider the worst crimes a person could commit?

2. If you knew you had only six months to live, but could do just as you pleased during that period, how would you spend your time?

3. We all have times when we feel below par. What moods or feelings are the most unpleasant or disturbing to you?

4. What great people, living or dead, do you admire most? (Please name at least two.)

5. We get a feeling of awe when something seems to us wonderful, or impressive, or really important. What things would give you the great feeling of awe?

APPENDIX D

PARAMETRIC TESTS

"z" TEST FOR TAP SOCIAL ATTITUDE SCORES

$$z = \frac{M_1 - M_2}{\sigma dM} \qquad = \frac{1.6 - 6.0}{2.92} \qquad = 1.44$$

$$\sigma dM = \sqrt{\sigma M_1{}^2 + \sigma M_2{}^2 - 2r_{12} \sigma M_1 \sigma M_2}$$

$$= \sqrt{(3.576)^2 + (3.718)^2 - (2)(.68)(3.576)(3.718)}$$

$$= \sqrt{26.618 - 18.084}$$

$$= 2.92$$

$$r = \sigma xy = \frac{\Sigma xy}{N \sigma x \sigma y}$$

$$= .68$$

$M_1 = M_{E_2} - M_{E_1} = 126.4 - 124.8 = 1.6$

$M_2 = M_{C_2} - M_{C_1} = 145.3 - 139.3 = 6.0$

"t" TEST FOR INTERPERSONAL CHECKLIST

$$t = \frac{Md}{\sqrt{\frac{\Sigma xd^2}{N\ (N - 1)}}}$$

$$Md = (M_{B_2} - M_{C_2}) - (M_{B_1} - M_{C_1})$$

$$= (77.5 - 54.4)-(71.4 - 54.6)$$

$$= 6.3$$

$$= \frac{6.3}{\sqrt{\frac{70474.53}{17\ (16)}}}$$

$$= \frac{6.3}{\sqrt{259.097}}$$

$$= \frac{6.3}{16.096}$$

$$= .3+$$

"t" TEST FOR RELIGIOUS ATTITUDE SCORES

$$t = \frac{Md}{\sqrt{\frac{\sum xd^2}{N\ (N - 1)}}}$$

$$\begin{aligned} Md &= (M_{E_2} - M_{C_2}) - (M_{E_1} - M_{C_1}). \\ &= (19.5 - 17.2) - (19.0 - 18.4) \\ &= 1.7 \end{aligned}$$

$$= \frac{1.7}{\sqrt{\frac{307.93}{17\ (16)}}}$$

$$= \frac{1.7}{\sqrt{1.13}}$$

$$= \frac{1.7}{1.063}$$

$$= 1.505$$

"z" TEST FOR SECURITY-INSECURITY SCORES

$$z = \frac{M_1 - M_2}{\sigma dM} = \frac{-1.3 - (-3.6)}{.88} = 5.568$$

$$\sigma dM = \sqrt{\sigma M_1{}^2 + \sigma M_2{}^2 - 2r_{12}\,\sigma M_1\,\sigma M_2}$$

$$= \sqrt{(1.624)^2 + (1.415)^2 - 2(.84)(1.624)(1.415)}$$

$$= \sqrt{4.639 - 3.864}$$

$$= .88$$

$$r = \sigma xy = \frac{\Sigma xy}{N\,\sigma x\,\sigma y}$$

$$M_1 = M_{B_2} - M_{B_2} = (11.9 - 13.2) = -1.3$$

$$M_2 = M_{C_2} - M_{C_1} = (10.2 - 13.8) = -3.6$$

APPENDIX B

INFORMATION SHEET

Code Number ______

Date ______ Sex ____ Date of Birth ________________

Training Center or Seminary ______________________

City and State of Birth __________________________

What is your denomination? _______________________

What political party or group do you like best? _______

Political preference of father? _____ Mother? ________

What is your job? __________________ What would be your occupation if you could do just what you want? ___

What is your present income (per mo. or yr.)? _________

How much do you expect to be making in ten years? _____

What are the ages of your brothers? ______ Sisters? ___

Number of quarter or semesters of seminary completed? _________________

Have you had any clinical pastoral training? No ___ Yes ___ How long? _________________

Check any of the following which apply to you: _______ ministers-in-industry? _____ neighborhood or settlement house work? _____ general hospital visitation? ______ field work (parish or other)? ___ individual therapy? ____ group therapy? ____ other? (please specify) ____

How long involved in above activities? _______________

Do you subscribe to Pastoral Psychology or Journal of Pastoral Care? No ___ Yes ___

List books in pastoral psychology, counseling, pastoral theology, or pastoral care which you have read in the last twelve months:

List courses in pastoral psychology, counseling, etc. to date:

Occupation of the chief wage-earner (father, mother or guardian) in the home where you grew up. (Be specific: say "chemical engineer" rather than "engineer," or "drill press operator" rather than "factory worker."

____

Circle the grade of school completed by the chief wage-earner in the home where you grew up: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Beyond college: 1 2 3 4

Did you volunteer for this project? ___

Were you required to take this project? ___

Other? ______________________________